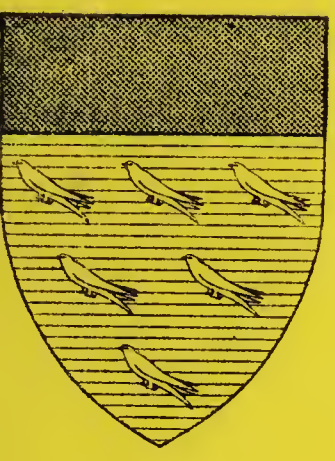


THE ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

THE HEALTH OF WEST SUSSEX

1970

CONTENTS

Society has no obligation to succumb to the clamour of enthusiasts for the development of esoteric methods of treatment which at their best will end with gravely handicapped survival and at their worst with a prolongation of the act of dying. Our limited resources simply must be employed where they will yield the greatest good for the greatest number for the longest period.

Henry G. Miller, M.D., F.R.C.P., D.P.M.
Vice-Chancellor, University of Newcastle-upon-Tyne. Medical Education and Medical Research. The John Snow memorial lecture of the Association of Anaesthetists of Great Britain and Ireland delivered at the Royal College of Surgeons, London, on 26th November, 1970.

Telephone: Chichester (0243) 85100

Metropolitan House
Northgate, Chichester
15th May, 1971

To the Members of the County Council of West Sussex

In accordance with the requirements of the *Public Health Officers Regulations 1959* I present for your information another edition of *The Health of West Sussex*. It comprises my Annual Reports on the Health of the County and of the School Child for the year 1970 and is the eleventh for which I have been responsible.

The developments and statistics recorded in these pages may promote a better understanding of the health and of some of the social conditions of half a million people living in the south of England in 1970. It was a year in which such national problems as financial inflation, industrial disputes and rising unemployment defied solution. Much attention was given to the study of family resources, and the Child Poverty Action Group concluded that the poor had actually become poorer in recent years. Prices rose by about 8 per cent and pay settlements were some 13 per cent higher than in 1969. By December the number of people out of work was greater than at any time during the past 30 years.

Living and Dying

The promotion of health and the prevention of illness remained the primary objectives of the Department and there are many examples in this series of Reports of what has been accomplished over the years.

Thanks to the advance of medical knowledge, to the skills of professional workers of many kinds, to health education and to better methods of organising public services, the lives of the majority of people are longer and healthier now than they have ever been before. Childbirth is safer – no woman died from maternal causes in the County in 1970 – and the infectious diseases of the past which either killed or maimed are nowadays rarely seen. The paper reproduced at Appendix C shows that the Department's arrangements for the protection of children against some of these diseases are second to none. More than 90 per cent of our children have been immunised at a unit cost 36 per cent cheaper than that in England and Wales as a whole; if this experience were repeated nationally, an estimated annual saving of three quarters of a million pounds would be made.

Although concerned mainly with the preservation and improvement of health, the Department also continued to be much involved with illness, accident and death. Until quite recent years death was a domestic affair; it was so often the outcome of illness or accident that few families escaped experience of it – at any rate for long. Smaller families, better protection of the well, and transformed survival rates have made death in the home relatively rare. Moreover, the act of dying is nowadays seldom instantaneous or even quick; it is a process which is perhaps too often unreasonably prolonged by modern scientific medicine and devoted nursing care.

For reasons of this kind more people expect the terminal care of relatives to be provided by professionals – at home, in hospitals or in nursing homes. But society is decidedly muddled about this area of human affairs. On the one hand we want invalids to have the best treatment and care available but we are unwilling to make that possible by paying for it. The result is that there are occasional scandals which give ample scope for public dismay and anger.

The paper reproduced at Appendix D on *The Frail, Sick and Demented Elderly in West Sussex* and the comments in Part V of the Report on *The Care of the Elderly* and *Home Help* make it clear that, despite the sometimes super-human exertions and often selfless devotion of relatives and others working in this field of medical and nursing care, we are already on a course which is providing inadequate and deteriorating standards. In the home help service, for example, which is provided mainly for the elderly, half of the beneficiaries receive no more than two hours of help *a week*. This is one service which is not under-financed and is managed sympathetically and with great skill. Other services are less fortunate and are drooping to the level of a dreary confidence trick which society is playing on itself.

When things get as bad as this, then – in the absence of some natural distraction – one must be created. So we are to have a reorganisation of local government and of the National Health Service. The process has already begun with the setting up of the new Social Services Departments on which much money has been spent but which has not so far created one extra pair of hands. In case something of this kind is attempted in medical care, it is as well to remember that health is a personal as well as a communal ideal. People can often prevent ill-health by their own actions and thus avoid the need for help from understaffed and inadequately-financed public services. No-one wants to be ill but few can be bothered to make the effort to stay healthy – there may still be time!

Conservation

Nineteen-seventy was European Conservation Year. It was also the year in which oil from tankers polluted the beaches of the south coast, sewage flowed in the Thames and coal fires returned to smokeless zones because of a shortage of the right fuel.

It is nowadays fashionable for lip-service to be paid to the concept of Conservation but there is little evidence of imaginative action aimed at translating the concept into a reality. It will not be easy to succeed in developing a healthier and more pleasurable environment. Success will not come at all unless some new and determined initiatives are taken. Society must make up its mind whether it wants – and will finance – Conservation, or whether it will continue to refrain from declaring war on the polluters. Mankind may not exterminate himself by environmental pollution in our lifetime but, if more is not done soon, the prospects for our children, and theirs, will become increasingly grim. So far as I could determine, little happened during Conservation Year to improve those prospects.

Two For and Three Against

By Circular 1/71 dated 1st January, 1971 the Department of Health and Social Security asked medical officers of health to refer in their annual reports

to action taken by their councils on the fluoridation of the public water supplies.

The implementation of this simple, established and well-proved health measure would confer substantial benefits on dental (and hence on general) health. It has been on the Council's agenda five times in the past seven years and few subjects have aroused greater passion to such little effect.

In February, 1963 the Council voted in favour of fluoridation and reversed the decision nine months later. At the invitation of the Ministry of Health, they reconsidered the matter in November, 1965 and came to the conclusion they had originally reached in February, 1963 'that all water undertakers operating in the Administrative County of West Sussex be urged to raise the fluoride content of the water they supplied to one part per million as soon as they can conveniently do so.'

The consultations which thereupon took place with the water undertakers soon revealed that because of differing policies of neighbouring local health authorities it was impracticable for technical reasons to fluoridate selected areas in isolation from other areas within the same source of supply. In July, 1966 the Council therefore decided that 'no further steps be taken to arrange for the fluoridation of water supplies in the County until a national policy (on implementation) is established.'

During 1970 it became technically possible for the North West Sussex Water Board (which supplies an area comprising roughly three-fifths of West Sussex containing approximately two-fifths of the population) to supply fluoridated water to the County in isolation from the water supplied to the areas of other local health authorities. The Health Committee thereupon

> RECOMMENDED: That, subject to appropriate financial provision being made in the budget for the financial year 1971/72, the North West Sussex Water Board be formally requested to raise the existing fluoride content of the water supplied to West Sussex to the level recommended for the promotion of dental health

but when this recommendation came before the Council on 24th July, 1970 it was not approved, the members voting for and against being in the proportion of one to three.

Reports from many countries, including our own, continue to show that the fluoridation of water supplies carries no risk to health. Its beneficial effects led the 22nd World Health Assembly to recommend in 1969 that member States should introduce fluoridation of community water supplies in areas where the total intake of fluorides by the population is below the optimum level for protection against dental caries. In 1970 a summary of the scientific basis for this recommendation was published in a W.H.O. Monograph which was fully representative of informed scientific opinion throughout the world. Despite the fact that a majority of local health authorities in this country have voted in favour of fluoridation, the British Government have so far failed to give effect to the recommendation of the World Health Assembly. Until this is done, the dental care of children will remain unnecessarily expensive and many of them will continue to suffer from premature dental decay.

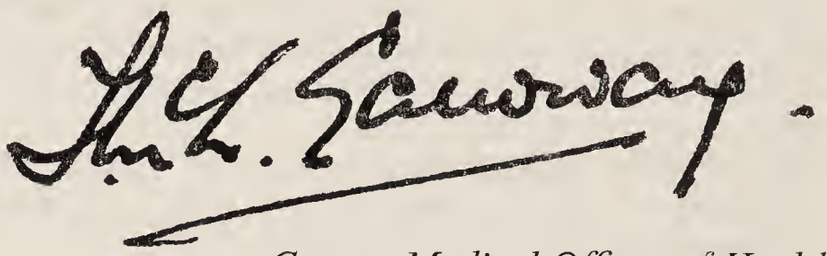
Committees and Staff

The services described in the Report remained the responsibility of the Health Committee, apart from those referred to in Part X which were under

the control of the Education Committee. The names of the members serving on these Committees are recorded at Appendix A; those of the principal members of your staff appear at Appendix B. In anticipation of the transfer of some health functions to the Social Services and Education Committees under the terms of the *Local Authority Social Services Act 1970*, the Health Committee and Sub-Committee structure was under review at the end of the year.

Acknowledgements

I am again grateful for the encouragement I have had from members of the Council, for the help of many colleagues in other Departments, authorities and agencies – both statutory and voluntary – and I thank the staff for their excellent work throughout the year.



County Medical Officer of Health
and Principal School Medical Officer

PART I—GENERAL AND STATISTICAL

Vital Statistics

The Department of Health and Social Security have asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1969 are also shown for comparative purposes.

	1969	1970
Live Births		
Number	6,242	6,204
Rate a 1,000 population	16·2	15·6
Illegitimate Live Births (per cent of total live births)	8	7
Stillbirths		
Number	85	67
Rate a 1,000 total live and still births	13	11
Total Live and Still Births	6,327	6,271
Infant Deaths (deaths under one year)	95	122
Infant Mortality Rates		
Total infant deaths a 1,000 total live births	15	20
Legitimate infant deaths a 1,000 legitimate live births	15	19
Illegitimate infant deaths a 1,000 illegitimate live births	19	25
Neonatal Mortality Rate (Deaths under four weeks a 1,000 total live births)	10	14
Early Neonatal Mortality Rate (Deaths under one week a 1,000 total live births)	9	12
Perinatal Mortality Rate (Stillbirths and deaths under one week combined a 1,000 total live and still births)	22	23
Maternal Mortality (including abortion)		
Number of deaths	1	—
Rate a 1,000 total live and still births	0·2	—

The table on page 11 gives details of the population and the main vital statistics for each County district.

VITAL STATISTICS
West Sussex compared with England and Wales

Year	Population (mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales
		No.	Rate a 1,000 population		No.	Rate a 1,000 population		No.	Rate a 1,000 live births		No.	Rate a 1,000 live births		No.	Rate a 1,000 total live and still births		No.	Rate a 1,000 total live and still births	
1911	92,725	3,386	19·1	24·4	2,203	13·1	14·6	288	85·0	130	†	†	†	†	†	†	6	1·8	3·7
1921	195,795	3,214	17·4	22·4	2,185	11·4	12·1	158	49·2	83	†	†	†	†	†	†	11	3·3	3·9
1931	216,760	3,134	14·5	15·8	2,808	13·0	12·3	139	44·4	66	†	†	†	†	†	†	13	4·1	4·1
1954	338,500	4,681	16·0	15·2	4,606	9·5	11·3	112	24·0	25·4	88	18·8	17·7	106	22·1	23·5	1	0·2	0·7
1955	347,700	4,681	15·3	15·0	4,696	9·5	11·7	99	21·0	24·9	77	16·4	17·3	102	21·3	23·2	1	0·2	0·6
1956	358,700	5,021	15·4	15·6	5,138	10·7	11·7	122	24·0	23·8	85	16·9	16·8	105	20·5	22·9	3	0·6	0·6
1957	370,200	5,287	15·4	16·1	4,757	10·2	11·5	103	19·5	23·1	77	14·6	16·5	130	24·0	22·5	1	0·2	0·5
1958	382,500	5,541	15·4	16·4	5,267	11·0	11·7	100	18·0	22·5	74	13·4	16·2	106	18·8	21·5	1	0·2	0·4
1959	390,000	5,656	15·1	16·4	5,537	11·8	11·6	95	16·8	22·2	64	11·3	15·9	121	20·9	20·8	2	0·4	0·4
1960	397,240	5,802	14·9	17·1	5,679	12·2	11·5	118	20·3	21·8	88	15·2	15·5	84	13·7	19·8	1	0·2	0·4
1961	410,930	5,947	14·6	17·5	5,975	12·6	11·9	107	18·0	21·4	79	13·3	15·3	97	16·1	19·0	1	0·2	0·3
1962	418,470	6,183	14·8	18·9	6,122	12·9	11·9	124	20·1	21·7	92	14·9	15·1	106	17·1	18·1	2	0·3	0·4
1963	425,710	6,395	17·3	18·2	6,634	11·2	12·2	114	17·8	21·1	86	13·4	14·3	92	14·2	17·2	—	—	0·3
1964	436,770	6,567	17·1	18·5	5,976	10·0	11·3	108	16·4	19·9	83	12·6	13·8	91	13·7	16·3	3	0·5	0·3
1965	444,690	6,506	17·1	18·1	6,539	9·7	11·5	81	12·4	19·0	57	8·8	13·0	96	14·5	15·8	1	0·2	0·3
1966	450,170	6,375	16·6	17·7	6,618	9·7	11·7	92	14·4	19·0	72	11·3	12·9	75	11·6	15·3	—	—	0·3
1967	455,930	6,420	16·6	17·2	6,665	9·5	11·2	82	12·8	18·3	56	8·7	12·5	90	13·8	14·8	—	—	0·2
1968	465,660	6,394	16·6	16·9	7,403	10·2	11·9	91	14·2	18·3	64	10·0	12·3	92	14·3	14·3	1	0·2	0·2
1969	469,900	6,242	16·2	16·3	7,231	9·7	11·9	95	15·2	18·0	63	10·1	12·0	85	13·4	13·2	1	0·2	0·2
1970	481,330	6,204	15·6	16·0	7,539	9·9	11·7	122	19·6	18·0	89	14·3	12·0	67	10·7	13·0	—	—	†

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.
†Not available.

Chief Vital Statistics for each County District in West Sussex

District	Estimated population middle of 1970	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
Urban Districts													
Arundel M.B.	3,030	35	11·6	14·3	2	50	16·5	11·6	—	—	—	—	3·6
Bognor Regis	32,360	416	12·9	20·3	35	617	19·1	9·0	10	24	—	—	4·1
Chichester M.B.	21,170	203	9·6	10·0	20	384	18·1	11·0	6	30	—	—	3·0
Crawley	67,240	1,045	15·5	12·2	58	416	6·2	11·7	18	17	—	—	1·4
Horsham	27,030	369	13·7	14·4	13	292	10·8	9·3	5	14	—	—	1·8
Littlehampton	18,830	265	14·1	15·9	30	327	17·4	12·4	5	19	1	0·05	3·2
Shoreham-by-Sea	18,600	262	14·1	14·7	30	240	12·9	10·8	1	4	—	—	2·5
Southwick	11,500	113	9·8	11·2	8	164	14·3	11·6	2	18	—	—	2·2
Worthing M.B.	84,130	864	10·3	16·7	58	2,145	25·5	10·7	20	23	3	0·04	4·6
All Urban Districts	283,890	3,572	12·6	14·5	254	4,635	16·3	10·3	67	19	4	0·01	3·1
Rural Districts													
Chanctonbury	27,000	382	14·1	18·0	25	374	13·9	9·7	10	26	—	—	3·3
Chichester	61,450	832	13·5	17·8	62	800	13·0	9·4	19	23	1	0·02	2·8
Horsham	29,600	472	15·9	16·5	20	315	10·6	9·2	10	21	1	0·03	2·6
Midhurst	19,910	186	9·3	10·4	11	336	16·9	10·5	2	11	—	—	2·8
Petworth	11,150	128	11·5	14·0	6	163	14·6	10·4	3	23	—	—	3·5
Worthing	48,330	632	13·1	22·7	29	916	19·0	8·9	11	17	—	—	3·4
All Rural Districts	197,440	2,632	13·3	17·6	153	2,904	14·7	9·3	55	21	2	0·01	3·0
Administrative County	481,330	6,204	12·9	15·6	407	7,539	15·7	9·9	122	20	6	0·01	3·1

Causes of Death at Different Periods of Life

Registrar General's Code	*Causes of Death*	*Total all ages*		*Under 4 weeks*		*4 weeks and under 1 year*		*Age in years*																	
								1–		5–		15–		25–		35–		45–		55–		65–		75 & over	
		M	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*	*M*	*F*
B.1	Cholera	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.2	Typhoid fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.3	Bacillary dysentery and amoebiasis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.4	Enteritis and other diarrhoeal diseases	5	5	–	–	2	1	–	1	–	–	1	–	–	–	–	–	–	1	1	–	–	1	1	1
B.5	Tuberculosis of respiratory system	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	1	–	1
B.6	Other tuberculosis, including late effects	3	3	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	2	1	–	–
B.7	Plague	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.8	Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.9	Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.10	Streptococcal sore throat and scarlet fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.11	Meningococcal infection	2	1	–	–	1	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–
B.12	Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.13	Smallpox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.14	Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.15	Typhus and other rickettsioses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.16	Malaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.17	Syphilis and its sequelae	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
B.18	All other infective and parasitic diseases	7	13	–	1	–	–	1	–	–	1	1	–	–	–	–	1	2	2	–	1	2	1	1	6
B.19(1)	Malignant neoplasm, buccal cavity, etc.	11	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	3	–	2	4	5	–
B.19(2)	Malignant neoplasm, oesophagus	27	11	–	–	–	–	–	–	–	–	–	–	–	2	–	1	1	3	1	13	2	8	7	
B.19(3)	Malignant neoplasm, stomach	75	51	–	–	–	–	–	–	–	1	–	–	–	2	–	3	2	11	8	29	11	29	30	
B.19(4)	Malignant neoplasm, intestine	102	129	–	–	–	–	–	–	–	–	–	–	–	2	2	7	2	16	17	41	30	36	78	
B.19(5)	Malignant neoplasm, larynx	7	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	4	–	2	1	
B.19(6)	Malignant neoplasm, lung, bronchus	290	83	–	–	–	–	–	–	–	–	–	–	–	3	–	12	8	69	18	140	32	66	25	
B.19(7)	Malignant neoplasm, breast	1	116	–	–	–	–	–	–	–	–	–	–	3	–	9	–	11	–	22	–	34	1	37	
B.19(8)	Malignant neoplasm, uterus	–	47	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	8	–	18	–	15	
B.19(9)	Malignant neoplasm, prostate	50	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	14	–	34	–	
B.19(10)	Leukaemia	22	17	–	–	–	–	1	3	1	1	1	1	–	–	2	1	–	5	1	5	3	6	8	
B.19(11)	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	205	220	–	–	–	1	–	–	2	–	–	–	6	2	5	6	22	14	46	37	61	84	63	76
B.20	Benign neoplasms and neoplasms of unspecified nature	3	6	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	1	–	1	1	2	–	2
B.21	Diabetes mellitus	19	21	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	3	2	5	9	11	7

B.22	Avitaminoses and other nutritional deficiency	1																									
B.46(1)	Other endocrine, nutritional and metabolic diseases	5	14	–	–	1	–	1	–	–	–	–	1	–	–	–	1	–	2	2	1	1	4	–	5
B.23	Anaemias	2	5	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1	2	–	2
B.46(2)	Other diseases of blood and blood-forming organs	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	2
B.46(3)	Mental disorders	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1	1	2	4
B.24	Meningitis	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–
B.46(4)	Multiple sclerosis	5	9	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	1	3	–	4	1	1
B.46(5)	Other diseases of nervous system and sense organs	30	29	–	–	–	–	–	–	2	3	–	1	–	–	–	–	1	1	5	5	9	8	11	13
B.25	Active rheumatic fever	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
B.26	Chronic rheumatic heart disease	20	35	–	–	–	–	–	–	–	–	–	–	–	–	–	1	4	3	2	6	7	16	7	9
B.27	Hypertensive disease	48	68	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	–	6	7	14	12	23	48
B.28	Ischaemic heart disease	1022	925	–	–	–	–	–	–	–	–	–	2	–	15	4	61	7	156	40	359	205	429	669	
B.29	Other forms of heart disease	176	370	–	–	–	–	–	–	–	–	–	–	–	2	3	1	2	9	6	36	34	128	325	
B.30	Cerebrovascular disease	405	793	–	–	–	–	–	–	–	–	–	–	1	1	3	7	10	53	34	102	136	242	609	
B.46(6)	Other diseases of the circulatory system	144	181	–	–	–	–	–	–	–	1	1	–	1	1	–	3	4	17	7	50	32	72	136	
B.31	Influenza	37	38	–	–	–	–	–	–	–	–	1	–	–	–	–	2	–	7	8	14	12	14	17	
B.32	Pneumonia	260	310	3	1	3	1	–	–	–	1	1	–	1	2	–	1	4	1	18	19	62	65	168	219
B.33(1)	Bronchitis, emphysema	206	66	–	–	–	–	1	–	1	–	–	–	–	–	–	2	6	1	26	4	87	19	85	40
B.33(2)	Asthma	3	16	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	–	1	2	9	–	3
B.46(7)	Other diseases of the respiratory system	38	27	2	–	4	3	1	1	1	–	2	–	1	–	1	–	–	–	5	–	11	3	10	20
B.34	Peptic ulcer	28	28	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	2	3	–	13	6	10	20
B.35	Appendicitis	1	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	1
B.36	Intestinal obstruction and hernia	10	22	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	4	2	5	15
B.37	Cirrhosis of liver	9	6	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	4	1	4	1	1	1
B.46(8)	Other diseases of the digestive system	27	32	–	–	1	–	–	–	–	1	–	–	–	–	–	–	1	–	3	5	12	8	10	18
B.38	Nephritis and nephrosis	7	11	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	1	2	4	5	3
B.39	Hyperplasia of prostate	26	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	3	–	20	–
B.46(9)	Other diseases of the genito-urinary system	15	32	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	2	4	2	8	10	19
B.40	Abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.41	Other complications of pregnancy, childbirth and puerperium	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.46(10)	Diseases of the skin and subcutaneous tissue	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	2	
B.46(11)	Diseases of the musculoskeletal system and connective tissue	10	17	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	1	3	5	4	11	
B.42	Congenital anomalies	30	23	10	6	8	–	6	3	1	1	2	1	1	3	–	2	–	1	–	1	2	2	–	3
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions	19	10	19	9	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.44	Other causes of perinatal mortality	18	18	18	18	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.45	Symptoms and ill-defined conditions	10	40	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	9	37
B.E.47	Motor vehicle accidents	32	26	–	–	–	–	1	–	1	1	10	3	4	2	5	1	1	–	5	1	4	5	1	13
BE.48	All other accidents	44	50	–	–	1	4	4	–	1	2	2	1	5	–	2	–	6	1	5	7	4	9	14	26
BE.49	Suicide and self-inflicted injuries	27	23	–	–	–	–	–	–	–	–	3	–	2	1	3	1	7	6	3	5	6	6	3	4
BE.50	All other external causes	1	4	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–	1	–	–	–	1
	All Causes	3558	3977	52	37	22	11	16	6	10	10	29	11	26	19	48	49	167	93	498	293	1141	857	1549	2591

Note: Due to delays in the receipt of information caused by the postal dispute, the total number of deaths shown in this table is 4 fewer (1 male and 3 female) than the totals shown in other tables in this Part of the Report.

Deaths from Cancer: 1970

Sites	MALES									FEMALES									*Total Males and Females*
	Age Groups								*Total Males*	*Age Groups*								*Total Females*	
	0–	1–	5–	15–	25–	45–	65–	75–		0–	1–	5–	15–	25–	45–	65–	75–		
Stomach . .	— (—)	— (—)	— (—)	1 (—)	2 (2)	14 (14)	29 (19)	29 (25)	75 (60)	— (—)	— (—)	— (—)	— (—)	— (—)	10 (9)	11 (15)	30 (39)	51 (63)	126 (123)
Lung, bronchus .	— (—)	— (—)	— (—)	— (—)	3 (4)	81 (93)	140 (133)	66 (53)	290 (283)	— (—)	— (—)	— (—)	— (—)	— (2)	26 (27)	32 (40)	25 (17)	83 (86)	373 (369)
Breast . .	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	1 (1)	1 (2)	— (—)	— (—)	— (—)	— (—)	12 (7)	33 (52)	34 (36)	37 (44)	116 (139)	117 (141)
Uterus . .	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	3 (1)	11 (20)	18 (11)	15 (13)	47 (45)	47 (45)
Other organs .	— (1)	— (1)	2 (2)	— (3)	15 (14)	102 (88)	135 (113)	148 (152)	402 (374)	1 (—)	— (2)	— (—)	— (1)	10 (9)	73 (76)	120 (133)	162 (169)	366 (390)	768 (764)
Leukaemia .	— (—)	— (—)	3 (2)	1 (—)	1 (1)	6 (1)	5 (8)	6 (9)	22 (21)	— (—)	1 (1)	1 (1)	1 (2)	2 (1)	1 (4)	3 (5)	8 (6)	17 (20)	39 (41)
TOTALS .	— (1)	— (1)	5 (4)	2 (3)	21 (21)	203 (197)	309 (273)	250 (240)	790 (740)	1 (—)	1 (3)	1 (1)	1 (3)	27 (20)	154 (188)	218 (240)	277 (288)	680 (743)	1,470 (1,483)

Note: The figures in brackets relate to 1969.

The Weather at Worthing: 1970

Month	Air temperature (deg. F.)						Rainfall		Sunshine	
	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average
January .	49	23	44·8	36·3	40·5	—0·4	4·50	152	42·2	60
February .	51	27	45·5	34·5	40·0	—0·9	2·51	125	132·2	161
March . .	52	26	45·9	34·7	40·3	—3·5	2·01	116	134·0	95
April . .	56	29	49·6	40·1	44·9	—3·1	2·23	126	132·2	71
May . .	72	44	61·6	48·7	55·1	+1·6	1·22	74	253·2	110
June . .	78	48	68·9	58·8	63·8	+4·7	0·98	64	291·3	120
July . .	75	47	67·0	54·6	60·8	—1·7	1·61	75	223·3	100
August . .	78	46	68·8	56·6	62·7	+0·1	3·53	155	220·7	101
September .	73	44	66·3	54·8	60·5	+1·1	2·93	136	187·1	113
October .	71	38	59·7	48·6	54·1	+1·2	1·09	37	122·6	99
November .	59	30	53·4	44·0	48·7	+2·5	7·51	219	62·6	86
December .	54	25	44·8	36·6	40·7	—1·1	1·16	40	63·6	104
Means or extremes .	78	23	56·4	45·7	51·0	0·0	31·28	114	1865·0	102

PART II—EPIDEMIOLOGY

Notifiable Diseases

The main feature of the year was the notification of 822 cases of measles, a third of which were in one town, compared with 586 in 1969. This rise, largely the result of a small summer epidemic, would probably have been avoided had not the measles immunisation programme been suspended in 1969 because of the withdrawal of one strain of vaccine.

In addition to the diseases shown in the table on page 17, there were three cases of malaria all of which had been contracted abroad.

Sexually-transmitted Disease

In the County as a whole, there was an increase compared with 1969 of 98 patients (12 per cent) diagnosed as suffering from sexually-transmitted diseases. This was a rate of 1.9 a 1,000 population compared with 1.8 a 1,000 population in 1969.

Hospital	*Syphilis*	*Gonorrhoea*	*Other*
Royal West Sussex Hospital (St. Richard's), Chichester	3 (1)	76 (56)	259 (222)
Worthing Hospital	5 (3)	48 (60)	210 (227)
Royal Surrey County Hospital, Guildford	— (—)	4 (2)	5 (8)
St. Helier Hospital, Carshalton	— (—)	— (—)	1 (1)
St. Mary's Hospital, Portsmouth	— (1)	7 (3)	49 (37)
Redhill General Hospital	— (—)	— (4)	— (20)
Royal Sussex County Hospital, Brighton	5 (4)	55 (39)	210 (145)
Croydon General Hospital	— (—)	— (—)	— (5)
Woking Victoria Hospital	— (—)	— (—)	— (1)
TOTALS	13 (9)	190 (164)	734 (666)

Note: The figures in brackets relate to 1969.

I am grateful to Dr. D. Warren Browne, Consultant Venereologist, for the following observations.

'In 1970 there was a further increase both in the number of new cases, and in the total number of attendances at the out-patient department at St. Richard's Hospital, Chichester. This increase again reflects the pattern for the rest of the country.

There was also a marked shift in the age-group of girls who were found to have gonorrhoea, as compared with the previous year. In 1969, nine of the 23 cases occurred in girls of 19 and under, whereas in 1970 21 of the cases were in girls of 19 and under.

In patients of all age-groups, lack of awareness about sexual matters and their possible consequences continued to cause concern. In particular, the sexual irresponsibility of adolescent males, combined with the compliance and quite astonishing unpreparedness of so many adolescent girls, resulted in a continued increase in the spread of the various bacterial, viral and protozoal infections associated with casual sexual encounters.'

Notification of Infectious Diseases: 1970

County District	Acute encephalitis		Acute meningitis	Acute poliomyelitis		Dysentery	Food poisoning	Infective jaundice	Measles	Ophthalmia neonatorum	Paratyphoid fever	Scarlet fever	Tetanus	Tuberculosis		Typhoid fever	Whooping cough	Total
	Infective	Post Infectious		Paralytic	Non Paralytic									Respiratory	Other			
Urban Districts																		
Arundel M.B.	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	4
Bognor Regis	—	—	2	—	—	—	1	22	23	—	—	5	—	—	—	—	—	53
Chichester M.B.	—	—	1	—	—	1	—	—	45	—	—	—	—	1	—	—	1	49
Crawley	—	—	2	—	—	—	1	6	163	—	—	8	—	15	2	—	5	202
Horsham	—	—	2	—	—	4	16	3	5	—	—	4	—	1	—	—	2	37
Littlehampton	—	—	1	—	—	6	—	—	11	—	—	1	—	2	—	—	—	21
Shoreham-by-Sea	—	—	—	—	—	1	–	21	8	—	—	2	—	—	—	—	—	32
Southwick	—	—	—	—	—	—	—	4	22	—	—	10	—	2	—	—	—	38
Worthing M.B.	—	—	3	—	—	4	4	6	276	—	—	6	—	8	—	—	15	322
Total Urban Districts	—	—	**11**	—	—	**16**	**22**	**62**	**553**	—	—	**40**	—	**29**	**2**	—	**23**	**758**
Rural Districts																		
Chanctonbury	—	—	—	—	—	2	1	1	49	3	—	8	—	1	1	—	1	67
Chichester	—	—	2	—	—	15	11	14	118	—	—	11	—	3	—	—	4	178
Horsham	—	—	—	—	—	15	8	3	10	—	—	4	—	6	4	—	5	55
Midhurst	1	—	—	—	—	—	—	6	44	—	1	—	—	1	—	—	—	53
Petworth	—	—	—	—	—	—	—	4	2	—	—	—	—	—	—	—	1	7
Worthing	—	—	1	—	—	2	1	40	46	—	—	8	—	1	—	—	19	118
Total Rural Districts	**1**	—	**3**	—	—	**34**	**21**	**68**	**269**	**3**	**1**	**31**	—	**12**	**5**	—	**30**	**478**
Total Administrative County	**1**	—	**14**	—	—	**50**	**43**	**130**	**822**	**3**	**1**	**71**	—	**41**	**7**	—	**53**	**1,236**
Total Administrative County 1969	**8**	—	**8**	—	—	**109**	**54**	**180**	**586**	**1**	**1**	**98**	**1**	**38**	**7**	**2**	**27**	**1,120**

Note: Notifications of rubella (29) in Worthing R.D. are not shown in this table.

Vaccination and Immunisation

The increase in the number of primary immunisations was due to a full year's operation of the new schedules of immunisation recommended by the Joint Committee on Vaccination and Immunisation, which was adopted by the Council in June, 1969. The number of reinforcing injections fell by more than half because a number of these have been omitted from the new schedule.

Measles vaccination was restarted in April, 1970, after the withdrawal of supplies in March, 1969. Following adverse press publicity given to serious complications very occasionally experienced from the type of vaccine withdrawn, a greater number of parents seemed to refuse this vaccination although the risks of vaccination are far lower than those of the actual disease. Nevertheless the number of vaccinations given in 1970 increased by 8,379.

In July, 1970 the Department of Health and Social Security informed local health authorities that the Joint Committee on Vaccination and Immunisation had recommended that vaccination against rubella should be offered to all girls between their eleventh and fourteenth birthdays and that initially priority should be given to those girls in their fourteenth year. There are about 2,800 girls in their fourteenth year in the County. By the end of the year, 147 girls had received vaccination against the disease and arrangements had been made to offer appointments to the others.

West Sussex was the first local health authority in the world to use a computer to facilitate the acceptance of childhood immunisation. An evaluation was made in 1970 of what had been accomplished during the previous eight years and the outcome is recorded in the paper reproduced at Appendix C on *Results and Costs of a Computer-Assisted Immunisation Scheme.* This important paper was first published in the August, 1970 issue of the British Journal of Preventive and Social Medicine, and makes clear that there is a cash as well as a performance bonus in using modern management methods to provide medical care of this kind.

Measles

Age Group	*By County Medical Staff*	*By General Practitioners*	TOTALS
Children born 1970 . .	2	4	6
Children born 1969 . .	677	2,334	3,011
Children born 1968 . .	1,126	3,603	4,729
Children born 1967 . .	669	2,140	2,809
Children born 1963–1966 .	235	871	1,106
Others under 16 . .	89	307	396
TOTALS . . .	2,798 (947)	9,259 (2,731)	12,057 (3,678)

Note: The figures in brackets relate to 1969.

Diphtheria, Poliomyelitis, Tetanus and Whooping Cough

Type of Injection	*Primary Immunisations*		Totals	*Reinforcing Injections*		Totals
	By County Medical Staff	*By General Practitioners*		*By County Medical Staff*	*By General Practitioners*	
Triple antigen	1,408 (413)	4,640 (1,298)	6,048 (1,711)	— (1,809)	— (5,490)	— (7,299)
Diphtheria	— (—)	— (—)	— (—)	— (—)	— (6)	— (6)
Diphtheria and whooping cough	— (1)	— (—)	— (1)	— (—)	— (—)	— (—)
Diphtheria and tetanus	51 (48)	107 (96)	158 (144)	1,543 (2,908)	4,652 (7,449)	6,195 (10,357)
Tetanus	2 (32)	167 (47)	169 (79)	145 (9)	766 (164)	911 (173)
Poliomyelitis	1,496 (496)	4,785 (1,454)	6,281 (1,950)	1,849 (4,035)	5,449 (11,296)	7,298 (15,331)
Totals	2,957 (990)	9,699 (2,895)	12,656 (3,885)	3,537 (8,761)	10,867 (24,405)	14,404 (33,166)
Percentage variation during 1970	+198·7	+235·0	+225·7	—59·6	—55·5	—56·6

Note: The figures in brackets relate to 1969.

Smallpox

Age Group	*Number Vaccinated*			*Number Revaccinated*		
	By County Medical Staff	*By General Practitioners*	Totals	*By County Medical Staff*	*By General Practitioners*	Totals
Under 1 year	11 (81)	74 (303)	85 (384)	— (—)	— (—)	— (—)
1 year	947 (809)	3,318 (2,605)	4,265 (3,414)	— (—)	— (—)	— (—)
2–4 years	127 (108)	386 (372)	513 (480)	843 (15)	2,706 (77)	3,549 (92)
5–15 years	16 (26)	126 (131)	142 (157)	2,830 (2,994)	8,039 (10,085)	10,869 (13,079)
Totals	1,101 (1,024)	3,904 (3,411)	5,005 (4,435)	3,673 (3,009)	10,745 (10,162)	14,418 (13,171)
Percentage variation during 1970	+7·5	+14·5	+12·9	+22·1	+5·7	+9·5

Note: The figures in brackets relate to 1969.

B.C.G. Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the numbers of children skin-tested and vaccinated in each of the ten years since 1961.

Year	*Number skin-tested*	*Number positive*	*Percentage positive*	*Number negative*	*Number vaccinated*
1961	2,358	192	8·2	2,103	2,097
1962	6,767	656	9·7	5,889	5,863
1963	6,222	483	7·8	5,459	5,430
1964	4,166	250	6·0	3,801	3,765
1965	4,231	294	6·9	3,745	3,632
1966	5,214	350	6·7	4,767	4,731
1967	5,735	502	8·7	5,083	5,033
1968	5,147	299	5·8	4,631	4,591
1969	5,471	269	4·9	5,202	5,107
1970	5,905	192	3·3	5,430	5,410

PART III—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal and Post-natal Care

Details of attendances during the last two years are given below.

	1969	1970
Number of ante-natal clinics provided at end of year	5	4
Number of sessions held a month . . .	22	14
Number of women in attendance:		
(i) for ante-natal examination . . .	759	770
(ii) for post-natal examination . . .	135	101

Child Health Clinics

The number of child health clinics operating at the end of the year was 44. The total number of children who attended decreased by 422 compared with 1969. The numbers of children of various ages who attended the clinics during 1969 and 1970 are given below.

	1969		1970
Born in		Born in	
1969 . . .	3,773	1970 . . .	3,681
1968 . . .	3,353	1969 . . .	3,184
1964–1967 . .	3,106	1965–1968 . .	2,945
TOTAL .	10,232	TOTAL .	9,810

With the opening of new health centres and improvements being made to existing health clinics, the standard of the Council's child health clinics is being improved considerably. For some time it has been apparent, however, that many premises rented by the Department for clinic purposes fall short of a reasonable standard in accommodation and facilities, though it must be

admitted that in many cases only a nominal rent is paid for the accommodation.

A detailed survey was carried out of all such accommodation, which in the main consists of village or church halls and provision was made in the budget for 1971/72 for replacement and upgrading where necessary of furniture and equipment provided by the Council.

Most of the deficiencies, however, arise from the standard of the premises themselves and it was therefore decided to approach the various owners to ascertain whether they would undertake improvements if the Council paid an increased rent. Of the 58 premises rented by the Council for this purpose, 30 were considered to be below the desired minimum standard and an additional £500 was therefore included in the budget for 1971/72 to meet increased rents.

Weighing Centres

The numbers of children who attended weighing centres during 1969 and 1970 are given below.

	1969		1970
Born in		Born in	
1969	659	1970	594
1968	656	1969	595
1964–1967	687	1965–1968	646
TOTAL	2,002	TOTAL	1,835

Health visitors give advice at these centres about infant care to groups which are too small to justify the regular attendance of a medical officer.

A survey of weighing machines showed that 14 of the 105 in use were very old (some over 40 years) and should be replaced. Plans were made to do this over a two-year period and to provide metric conversion tables for the other machines.

Battered Babies

Recognition has increasingly been given to the problem of children who are deliberately injured by their parents. By letter CMO 2/70 dated 9th February, 1970 the Chief Medical Officer of the Department of Health and Social Security and the Chief Inspector of the Children's Department of the Home Office jointly drew attention to this matter as a result of which a meeting was held in Chichester on 18th May, 1970 which was attended by a consultant paediatrician and representatives of the National Society for the Prevention of Cruelty to Children and of the Sussex Constabulary. There was general agreement at the meeting that the existing procedure, outlined in a memorandum from the British Paediatric Association in 1966, should continue to be followed. It was further agreed that steps should be taken to introduce a scheme whereby hospitals and family doctors would be invited to notify the Children's Department of children who were believed to have suffered deliberate injury. This system would provide a means for a doctor dealing with a suspicious case to find out whether the child had been treated for injuries at another hospital in the County or adjacent area.

After this meeting was held, however, further suspected cases of deliberate injury to children, one of them fatal, showed that the current procedure was not satisfactory and that there was an urgent need to improve communication. Although a great deal of information was available it was in the hands of a number of uncoordinated agencies and was not properly collated. To deal with the situation, the following action was about to be taken at the end of the year:

(i) to institute a scheme of early ascertainment to detect children at risk, to be operated by the Department through health visitors; and

(ii) to introduce in the Department a system to collate *clinical* information, reports from hospitals being requested on information received from health visitors concerning 'at risk' children, along with reports from other medical and social agencies.

Family Planning Clinics

The next table shows that there were substantial increases in the numbers of new patients (24 per cent) and in the total attendances (12 per cent). Additional clinics were opened by the Sussex Branch of the Family Planning Association at Lancing and Billingshurst, and reduced the journeys which women living in these areas would otherwise have had to make.

Of the 3,175 new patients seen in 1970, 2,097 were women for whom pregnancy would have been detrimental to health (208 more than in 1969) and a grant was paid to the Family Planning Association in respect of 1,606 of these women (1,533 in 1969); the remaining 491 attended the Council's clinic at Shoreham-by-Sea. From April, 1970 the Council accepted full financial responsibility for medical cases and partial responsibility (i.e. for consultation and advice but not for prescription and supplies) in non-medical cases. The number of non-medical cases for whom fees were paid totalled 4,067.

Clinic	*New cases*		*Total numbers of women in attendance*		*Total attendances*	
	1969	1970	1969	1970	1969	1970
Bognor Regis . .	312	390	848	998	2,388	2,863
Chichester and Selsey .	292	385	988	1,048	2,373	2,790
Crawley and Tilgate .	644	704	2,257	2,544	5,937	6,692
Horsham, Roffey and Billingshurst . .	360	470	1,477	1,676	4,017	3,991
Lancing . . .	—	24	—	28	—	42
Littlehampton . .	90	150	212	329	499	702
Midhurst . .	34	44	146	154	345	384
Shoreham-by-Sea .	167	241	356	491	720	911
Worthing . .	661	767	1,492	2,273	5,350	5,816
TOTALS . .	2,560	3,175	7,776	9,541	21,629	24,191

The last Report gave details of the domiciliary service which was started on a trial basis in December, 1969 in Chichester. In February, 1970 the service was extended to include Bognor Regis Urban and Chichester Rural Districts.

During the year, 23 patients were referred for domiciliary consultation for medical-social reasons, 18 by health visitors. All these patients were given advice and accepted the need for contraception; none had become pregnant by the end of the year.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the nine centres shown in the following table which also gives particulars of the numbers of attendances made in 1969 and 1970. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

Area	*Sessions held*	*Total number of attendances*	
		1969	1970
Arundel	Weekly	—	68
Bognor Regis	Weekly	381	465
Chichester	Weekly	1,720	2,014
Crawley	Weekly	1,072	928
Horsham	Weekly	1,692	1,694
Lancing	Weekly	295	358
Roffey	Weekly	219	251
Shoreham-by-Sea	Weekly	283	414
Worthing	Weekly	321	361
TOTALS		5,983	6,553

Welfare Foods

At the request of the Department of Health and Social Security, the Council continued to arrange the distribution of welfare foods to expectant and nursing mothers and children under five years of age. A total of 79 distribution centres were in operation at the end of the year; 12 of these were main centres situated in the towns and 67 were sub-centres at clinics, private houses, local stores and doctors' surgeries. The Women's Royal Voluntary Service were responsible for the distribution of foods at main centres (eight of which are on their premises) and at 21 sub-centres.

The following table shows the quantities of welfare foods issued to beneficiaries during the year.

Year	*National dried milk (packets)*	*Cod liver oil (bottles)*	*Vitamins A and D tablets (packets)*	*Orange juice (bottles)*
1970	11,631 (224)	3,944 (76)	5,388 (131)	116,532 (2,241)

Note: The figures in brackets indicate average weekly distribution.

The total value of foods sold was £10,488, which was £129 less than in 1969.

Proprietary Foods

Infant proprietary foods were sold at child health clinics throughout the County at cost price plus a ten per cent handling charge. During the year, the purchase price of proprietary foods increased by an average of 12 per cent and this resulted in an increase in the cost of purchases from £5,344 in 1969 to £5,832 in 1970.

Care of the Unsupported Mother and her Child

Financial aid was given by the Council to the funds of the Chichester Diocesan Association for Family Social Work and the Southwark Catholic Children's Society, who undertake the care of unsupported mothers in West Sussex through their own officers working in cooperation with the County nursing staff. A small financial contribution was also made in support of the work of the National Council for the Unmarried Mother and her Child.

During the year, the Chichester Diocesan Association for Family Social Work dealt with 206 new applications for assistance and the Southwark Catholic Children's Society with 16, compared with 223 and 19 respectively in 1969. Cases referred to the Department for financial assistance towards the maintenance of unsupported mothers at mother and baby homes numbered 22, which was 17 fewer than in 1969.

Congenital malformations

There were 128 births in which a congenital malformation was observed and entered on the birth notification card. The total number of congenital malformations described was 143.

Dental Care

A total of 375 expectant and nursing mothers and pre-school children were examined; 230 needed treatment and 203 courses of treatment were completed.

The rate of decayed, missing and filled teeth per child between four and five years of age was 3.3, a decrease of 1.1 compared with the figure for 1969.

Information on the dental care of school children is given in Part X of the Report.

PART IV—NURSING SERVICES

General

A continuing feature of the Department's nursing services was the re-organisation of the arrangements in country areas; teams of nurses who specialise in a particular branch of the work are beginning to replace the nurses who traditionally have combined health visiting, midwifery and general nursing for a small rural area. The increasing complexity of all types of nursing is making specialisation desirable, and the move to assist the registered nurse with the less technical aspects of the care of patients by the

employment of enrolled nurses and nursing auxiliaries (to which reference was made in the last Report) is a further reason in favour of the creation of area teams. Another factor is the reduction in domiciliary confinements; in order to preserve the skills of the midwives, the dwindling numbers of cases need to be concentrated in fewer hands. The work of the nurses is reviewed whenever a retirement or resignation takes place and during 1970 it was possible to reorganise three country areas. In one area, as a result of this reorganisation, health visitors were attached to general medical practices where this had not previously been practicable.

Further steps were taken to extend to new areas the reciprocal arrangements with the neighbouring counties of Hampshire, Surrey and East Sussex for patients to be cared for by attached nursing staff. The general principle of these arrangements is that the local health authority in whose area the medical practitioner has his main surgery provides the nurses for all his patients, regardless of the area in which they live.

Consideration was given to the *Report of the Working Party on Management Structure in the Local Authority Nursing Services* which was published by the Department of Health and Social Security in October, 1969. This report recommended, *inter alia*, that all local health authorities who have not already done so should appoint a chief nursing officer to coordinate the health visiting, home nursing and domiciliary midwifery services in their areas. Since the Superintendent Nursing Officer had in fact exercised these functions in West Sussex for many years no action was required on this recommendation but the formal designation of the post was changed to Chief Nursing Officer.

Nurse Education

A scheme was introduced to give training and experience in community nursing to all first-year students of the Redhill and Netherne School of Nursing. This took place approximately eight months after the students had commenced training, and consisted of one week's theoretical instruction and three weeks of practical work and experience. This new scheme anticipated the revised syllabus in general nurse training which provides for community nursing to be one of four options to be included in the training of all student nurses from 1st January, 1971. It is envisaged that a twelve-week course leading to the National Certificate of District Nursing will be provided where possible, and it is hoped that the Redhill course may be extended appropriately. At a time when the need to bridge the gap between home and hospital is becoming increasingly recognised, schemes of this kind are to be welcomed.

Other arrangements for nurse education continued as in previous years. These included district training, leading to the Certificate of the Queen's Institute of District Nursing, for pupil nurses at Crawley and at Shoreham-by-Sea, visits of observation for student nurses from the Chichester and Worthing Hospital Groups, and visits by nursery nurse students from The Hospital for Sick Children, Great Ormond Street, London, W.C.1. Training for Part II of the Central Midwives Board's examination continued at Crawley; it is however becoming increasingly difficult to find sufficient domiciliary confinements for the pupil midwives to attend.

Six health visitors completed training with the aid of bursaries from the Council and five other student health visitors obtained one week's practical

experience in the rural areas of the County. The Department's programme of in-service training continued as before; a refresher course is offered to each nurse once every five years and about one-third of the nurses are invited to attend a four-day internal course which is held annually at the Council's residential conference centre at Lodge Hill, Pulborough.

Home Nursing

Work Undertaken

The number of patients treated and the visits paid during the past two years are given below. Particulars of the staff employed are given in the table on page 88.

	1969	1970
Total number of persons nursed during year . . .	13,802	14,107
Number of persons under 5 years .	463	386
Number of persons over 65 years .	8,846	10,056
Total number of visits . .	386,327	391,501

It will be seen that there were increases in the number of patients treated and in the total number of visits paid. The percentage of patients visited who were over the age of 65 years increased from 64 per cent in 1969 to 71 per cent in 1970.

General nurses continued to treat some of their patients at the premises of general practitioners, 393 sessions were held by five nurses and 1,575 treatments were given.

Night Nursing

Nursing care at night was provided for 23 patients on a total of 93 nights. It remained difficult to recruit staff who were willing to undertake occasional night nursing.

Equipment

The appointment of a part-time equipment assistant was made in April, 1970. This enabled more returned items to be cleaned, serviced and reissued quickly and more time became available not only to look at equipment in use but also to advise patients with problems. The oxy-acetylene apparatus and pipe-bending machine purchased in 1968 continued to facilitate the work of the appliance technician in the construction of bed cradles, bed elevators and the modification of other items of equipment.

The main items of available nursing aids are shown in the next table. The figures in the stock columns are not to be interpreted as items held unused. Most of the stock is out on loan at any given time and the central store holds a minimum of items in reserve.

The provision of hospital beds, ripple mattresses, and hydraulic hoists continued to increase, particularly for long-term cases being nursed at home. There was no improvement in the unsatisfactory procedures for the permanent issue of wheelchairs by the Department of Health and Social Security. Despite assurances that an announcement was likely before the end of the year, nothing to simplify the present cumbersome system emerged.

The demand for equipment continued to increase; issues again exceeded collections. No fewer than 4,551 items were issued in 1970 compared with 4,031 in 1969. Collections were 3,412 in 1970 compared with 2,840 in 1969. The increase in the number of issues in 1969 compared with 1968 was 6.4 per cent; in 1970 compared with 1969 it was 12.9 per cent. In 1970 the number of issues was nearly four times greater than in 1964.

Article	*Stock*		*Number of issues*		*Article*	*Stock*		*Number of issues*	
	1969	1970	1969	1970		1969	1970	1969	1970
Back rests	205	241	172	230	Hoists:				
Bath boards	128	152	54	58	Hydraulic	30	34	49	54
Bath mats	650	842	243	293	King	21	21	10	3
Bath safety rails	461	617	227	244	Inflatable mattresses	23	23	8	11
Bath seats	515	635	273	250	Mattresses	122	129	110	113
Beds	99	112	102	105	Poles and chains	54	78	41	54
Bed blocks	134	194	56	68	Ripple mattresses	14	18	24	36
Bed cradles	264	339	209	266	Sanicushions	16	16	3	1
Bed ladders	68	93	28	16	Sanitary pushchairs	10	10	8	7
Bed pans	229	253	109	141	Seat aids	69	91	71	64
Commodes	657	706	666	718	Toilet seats (raised)	123	123	64	55
Crutches	159	171	118	95	Urinals	249	382	101	140
Dunlopillo rings	436	580	190	247	Walking aids:				
Ejector seats	22	36	14	21	Sticks	448	531	177	226
Exercycles	5	7	3	1	Frames	605	661	356	455
Fracture boards	88	106	37	60	Wheelchairs	331	334	440	464
Helping hands	203	203	48	55					

Midwifery

The increase in the number of hospital deliveries continued; of the total number of 6,383 births, 5,854 (91.7 per cent) were delivered in hospitals and 529 (8.3 per cent) were home deliveries. Of the latter number, a doctor was not booked in five cases. In 1970, 132 women who were booked for home confinements had to be transferred to hospital for delivery. Medical aid was summoned by domiciliary midwives on 63 occasions, 16 fewer than in 1969.

The Crawley scheme in which the Council's midwives deliver their own cases in the general practitioner unit at Crawley Hospital continued and 269 (55 more than in 1969) were delivered under these arrangements. Under a similar scheme at Worthing Hospital, 90 women were delivered, 28 fewer than in the previous year.

By letter 22/70 dated 28th July, 1970 the Secretary of State for Social

Services invited the Council's attention to the Report of a Sub-Committee of the Standing Maternity and Midwifery Advisory Committee, which was set up to consider the future of the domiciliary midwifery service and maternity bed needs.

The Sub-Committee saw unification of the maternity services as the ultimate goal; they thought that sufficient facilities should be provided to allow all confinements to take place in hospital and that the greater safety of hospital confinement for mother and child justified this objective. The Sub-Committee recognised however that the full implementation of these long-term recommendations might involve substantial additional cost and it might not in consequence be possible to introduce them quickly. They further felt that without complete unification of the health service, administrative changes could be only of a limited nature. They therefore suggested changes which should be adopted as interim measures pending full unification. Many of these recommendations were already being implemented in West Sussex.

Maternal Deaths

There were no deaths in the County attributable to childbirth during the year.

Health Visiting

Particulars of the staff employed are given in the table on page 88.

Details of the main types of cases visited by health visitors during the year are given below.

Type of Case	*Number of cases visited*	
Children born in 1970	6,591	
Children born in 1969	5,912	
Children born in 1965–1968	12,424	
	1969	1970
Children under the age of 5 years	26,387	24,927
Persons aged 65 or over	6,241 (3,225)	5,845 (2,745)
Mentally disordered persons	206 (150)	231 (127)
Persons discharged from hospital other than maternity or mental cases	520 (361)	448 (292)
Tuberculous households visited	66	58
Households visited on account of other infectious diseases	157	48

Note: The figures in brackets denote the number of persons visited at the special request of a general practitioner or hospital.

In addition to the visits shown above, 6,358 visits were paid in connection with the cervical cytology scheme.

PART V—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

In-service training for the staff included a course on teaching methods which was repeated in three areas of the County, a course on film projection, participation in discussion groups on specific problems and in induction courses arranged by the Department for newly-appointed staff employed in various disciplines, and a course arranged for the home help service. The Health Education Organiser also gave lectures from time to time to other professional groups on the role of the Organiser. The annual refresher course for nurses was again held at the Council's residential conference centre at Lodge Hill, Pulborough.

There was a demand for instruction in public health technical subjects, and 58 lectures and demonstrations were given by the county environmental health inspectors. Most of these formed part of in-service training to local government employees including public health inspectors, school meals staff, home helps, teachers and school caretakers.

A full-time in-service three-week course in food hygiene subjects was run for 13 senior cooks and supervisors in the school meals service leading to examination for The Royal Society of Health's Certificate in Hygiene of Food Retailing and Catering; all 13 students passed the examination and were awarded qualifying certificates.

A course on general health was arranged for police cadets, and equipment to help with the teaching of first aid was lent to one of the Divisions of the County Fire Brigade. The County Fire Officer commented

> 'These items were used for a total of 15 times at the seven operational stations in the Division and were seen by approximately 115 whole-time and retained personnel and 12 firewomen. That the use of the equipment proved invaluable can be judged by the results of the St. John First Aid Certificate examinations in which all the participating personnel reached a satisfactory standard.'

A pre-retirement course for more than 60 people was organised in conjunction with the Worthing and District Council of Social Service. Twelve lectures were held on the Council's premises and subjects dealt with included legal, financial, recreational and health topics.

Local authorities in the whole of Sussex combined to form a stand at the Royal Society of Health's Congress at Eastbourne. The Department contributed a selection of health education displays which were subsequently shown in various parts of West Sussex.

The Health Education Technical Assistant (Miss L. Harmer) won the 1970 Chairman's Award. This is a travel scholarship awarded annually by the Chairman of the Council to enable a member of the staff to undertake further appropriate study. Miss Harmer visited L'Ecole des Parents in Paris and was able to learn much that will be of assistance to the Department.

The health education staff gave 478 talks to a total estimated audience of 25,000 people. Films shown numbered 511 and there were 713 loans of audio-visual aids for illustrating talks. Leaflets and posters were made available as required. The nursing staff conducted 735 health education sessions.

Medical Arrangements for Long Stay Immigrants

The Department received 293 advice notes during the year, compared with 284 in 1969, about immigrants who had given destination addresses within the County; all but 25 came from European or Commonwealth countries. The health visitors were unable to trace 25 of these immigrants who had returned to the country of origin, moved to an unknown address, moved to a known address outside the County or who had given an untraceable address in West Sussex. In each case the port medical officer was informed and, where a forwarding address was known, the appropriate medical officer of health was also notified.

Chest Clinic Statistics

The details in the next table were supplied by the chest physicians and give an account of the work of the chest clinics. At the end of the year, the total numbers of patients on the registers of the clinics in the four areas showed a reduction of 23 (322 compared with 345 in 1969); of the new patients first examined, 39 (the same as in 1969) were found to be suffering from tuberculosis.

	Chest Clinics			
	Chichester	*Crawley*	*Horsham*	*Worthing*
1. Population of area served	164,050	67,800	56,630	193,620
2. Patients on register on 1.1.70	115	108	70	52
3. Additions to register:				
(*a*) New notifications	9	6	8	9
(*b*) Moved into area	6	4	—	1
(*c*) Restored to register	—	2	—	1
4. Removed from register:				
(*a*) Recovered	48	—	—	2
(*b*) Left area or lost sight of	6	—	1	1
(*c*) Died	2	1	1	7*
5. Patients on register on 31.12.70	74	119	76	53
6. Number of new patients found to be tuberculous	9	13	8	9
7. (*a*) Contacts examined, including those of 6 above	67	77	32	58
(*b*) Of these, number found to be tuberculous	—	3	—	—

*Two only from tuberculosis.

Discharge from Hospital

The arrangements continued whereby hospitals notify the Department of patients who are to be discharged and who need the support of the domiciliary health services on their return home. The staff of hospitals within the County have been encouraged to telephone the needs of patients to the main health centre or clinic in the particular area, where a receptionist is able to pass the request to the appropriate staff. The requests totalled 424 (37 more than last year) and were mainly for the services of a home nurse; in four cases requests were for more than one service.

County Almoners

This will be the final report on the county almoners' work as in April, 1971 they will be transferred to the newly-constituted Social Services Department.

During 1970, 1,051 referrals were received (of whom 857 were seen for the first time) and, including those carried forward from the previous year, a total of 1,454 cases were under care. A further 360 patients and their families were given indirect help through consultations with general medical practitioners, health department staff and others. More than half of the referrals were for advice and support on a variety of social and personal problems arising from illness, and there were also many requests (particularly from those in the older age groups) for places in nursing and rest homes.

Assistance was also frequently sought with the care of patients in the terminal stage of illness. With the shortage of hospital beds it is becoming increasingly difficult to provide for the special needs of these patients. The problem became more acute in 1970 as the Marie Curie Foundation ceased to assist with nursing home fees for these patients, although they still give practical help to those nursed at home. The National Society for Cancer Relief continued to give generous support both with nursing home fees and towards long-term and terminal care for those at home. A total of £6,246 was distributed in grants throughout the County on their behalf.

Holidays were arranged for 116 adults and 4 children under school age under the Council's recuperative holiday scheme. A further 63 adults were helped to make private arrangements or were assisted from voluntary sources.

Miss J. C. Gatehouse, Senior County Almoner, has prepared the following review of the work of the almoners during the past 20 years:-

'Care almoners, as they were then called, were originally appointed to the Health Department in 1951 under section 27 of the *National Health Service Act* to provide a social casework service for patients in their own homes similar to that undertaken by hospital almoners for patients in hospitals. Of the two appointed in 1951, one was based at Worthing and the other at Chichester – her services were shared with the Hospital Management Committee responsible for Aldingbourne Sanatorium as it was then called. A third almoner was appointed in 1959 to cover the Horsham and Crawley areas, and a fourth in 1963 in Worthing Borough to meet the rapidly increasing demands in that part of the County. In 1964 the almoner based at Chichester was given senior status and made responsible for coordinating the service throughout the County. Of the present staff one has held her position for over 17 years and two for over 10 years.

In the early days a very high proportion of the patients were suffering from pulmonary tuberculosis and were referred by chest physicians, with whom the almoners have always worked in close contact, for help with the many financial and personal

problems arising during long periods of treatment and rehabilitation. At the same time referrals were also received from general medical practitioners, hospital almoners and other statutory and voluntary workers on behalf of patients discharged from hospital or being treated at home with a variety of problems and illnesses.

With the dramatic decrease in the prevalence of pulmonary tuberculosis following improved methods of treatment, the proportion of general to chest patients was reversed. Contact with the chest consultants was however maintained and patients suffering from chronic chest diseases and lung cancer (presenting different though equally difficult social problems) took the place of those with pulmonary tuberculosis. The almoners also maintained close liaison with the Care Committees originally formed to assist patients suffering from tuberculosis but later extended to cover other chest diseases.

The nature of referrals for the general class of patients ranged from requests for recuperative holidays to assistance for patients severely disabled with chronic illness facing the need for long-term adjustment, and cases of terminal illness. A high proportion of all the patients came into the elderly age group. A few of the patients referred in the early days are still on the almoners' case lists.

In the 1950s there were very few social workers employed in the local health and welfare departments and health visitors were primarily concerned with the under fives and with nursing and expectant mothers. The almoners therefore covered a very wide field and worked closely with voluntary associations and other statutory sources in endeavouring to fill the gaps in the statutory services. With the development of the welfare department's services for the elderly and handicapped in the 1960s and the extension of health visitors' functions to cover all age groups, the almoners were able to devote more time to casework problems of a more complex nature and were also able to give support to their colleagues in the Health Department. They have always cooperated closely with other social workers in the many cases where several departments have been involved and are therefore fully prepared for the multi-disciplinary approach of the new Social Services Department.

The joint appointment with the Hospital Management Committee in Chichester was in advance of the thinking of the Seebohm Report and has proved a very satisfactory means of providing continuous social care for the patients concerned. Experience thus gained may be useful in future planning of cooperation between the local authority and the hospital.

It is perhaps the close teamwork with hospital social workers and medical and nursing colleagues in the field that has been the distinctive feature of the county almoners' work and may be their most valuable contribution to the new Social Services Department. It is hoped that this happy relationship will continue when they no longer come under the umbrella of the Health Department.'

Home Help

In an interim report which the Social Services Committee made to the Council at their meeting held on 24th July, 1970 reference was made to the serious imbalance of population in West Sussex (the ratio of elderly people is already 50 per cent above the national average) and to the pressure which this has already created on the County's social services, including the home help service. There follows an extract from a report which was subsequently submitted to the Health Committee on this aspect of the problem.

'In 1969 the number of persons helped was 4,449 and, of these, 86 per cent (5·6 per cent more than in 1968) were over 65 years. The number of staff employed (mainly part-time) was 609 (a whole-time equivalent of 219 against a corresponding staff establishment of 225) and they worked a total of 440,839 hours. The June, 1970, caseload was 2,740, about half of whom were receiving two hours of help (or less) a week.

A recent survey based on experience gained during the first quarter of 1970 indicates that throughout the County as a whole the hours of help actually given is falling short of

the number considered by the home help organisers to be adequate by about 14 per cent. The correction of this shortfall (which is pronounced along the entire coastal belt) would necessitate the recruitment of a further 31 whole-time helps. The areas from Southwick to Bognor Regis need 19 additional whole-time helps; Crawley and the two Horshams need a further nine.

The provision of home help is restricted not by funds available but by the limited number of women able and willing to do the work. I see no early prospect of our being able to expand the home help service to meet the present known deficiency, let alone the future demand which will be progressively influenced by the increased longevity – and corresponding frailty – of the elderly and by their numerical increase; a further 18,910 persons over 65 are expected in West Sussex in the next ten years. It is clear that the present population imbalance in West Sussex is such that our resources and liabilities are already finely balanced and we may in fact be approaching the limit to which it is possible in this County to look after elderly people at home.'

At the end of the year, possible incentives to recruitment were under consideration.

The training courses which have proved popular with the home helps were continued and six three-day training courses for new home helps and two two-day courses were held in the main centres of the County. The introduction of North Sea gas to most parts of the County created an additional activity for the helpers, particularly in explaining its use to the elderly. Talks arranged by the gas boards were attended by home helps in various parts of the County as each area was converted.

The hours worked by home helps increased (by 2.9 per cent) from 440,839 to 453,875 and the number of households served rose from 4,449 to 4,626, an increase of 3.9 per cent. Persons helped who were over the age of 65 years rose by 4.6. per cent. There was a small increase in the use of the neighbourly help scheme; 72 persons received help compared with 64 in 1969.

It was decided to increase the maximum recovery charge made to users of the service to 7/- an hour from 1st April, 1971. A national pay award made in December, 1970 of 1s. 3d. an hour, the largest in the history of the home help service, together with a short television documentary on the facilities in West Sussex, stimulated interest and resulted in the recruitment of some suitable women.

Category		*Number of Persons Helped*				
		1966	1967	1968	1969	1970
Aged 65 years and over . .		3,135	3,277	3,607	3,810	3,984
Chronic sick and tuberculous	Aged under 65 .	156	160	193	215	231
Mentally disordered		11	15	13	24	26
Maternity .		161	145	134	124	112
Others . .		308	325	312	276	273
TOTALS . .		3,771	3,922	4,259	4,449	4,626

Mrs. R. E. Gallup, County Home Help Organiser, has submitted the following reflections on the home help service which will become the responsibility of the Social Services Department from 1st April, 1971.

'On the threshold of joining a new department it seems appropriate to look back and remember the times in 1946 when home helps were paid 1s. 6d. an hour rising in two stages to 2s. 0d. an hour after a year; when the Organiser was paid around 4s. 3d. an hour and almost invariably went about her work on a cycle paying the helps their wages at the end of the week in cash; when for every two or three applications received a new help was engaged and the cost to the household was in the region of 2s. 3d. an hour.

The war had mobilised women to an extent which had never been known in this country before and, liking their newly-found freedom, they continued to work and so fewer and fewer were available to help as 'friends and neighbours' to the sick and aged. To the organisers of the late 40s the service was seen as a challenge and it soon mushroomed as demands grew. This appears to be a suitable time to say a big all-round thank-you to all the staff of the Health Department involved in the work of the home help service for the help and support which has been given to me since I joined the Department in April, 1964; the happy and congenial atmosphere of the staff has made these years the most enjoyable of all my 22 years in the home help service.'

Chiropody

Particulars of the staff employed are given in the table on page 88. As in previous years the continuity of the service was interrupted by staff resignations – this year at Bognor Regis, Chichester and Shoreham-by-Sea – and by the prolonged illness of the chiropodist at Lancing. The vacancy at Bognor Regis was filled after a lapse of four months but it was not until December, 1970 that chiropodists were recruited to fill the other vacancies. An additional chiropodist was appointed to take over at Lancing until the regular chiropodist returns to work. Despite these difficulties there was a small increase of 494 treatments given during the year.

The number of treatments given in the last five years is shown in the next table.

Year	*Treatments*			
	Clinic	*Domiciliary*	*Total*	*Percentage free*
1966	14,925	1,996	16,921	35
1967	17,394	2,017	19,411	35
1968	18,610	3,418	22,028	32
1969	23,746	5,318	29,064	39
1970	25,370	4,188	29,558	37

In addition, chiropody was provided by 14 voluntary organisations each of which received financial support from the Council. These organisations gave 2,184 treatments at 317 sessions, the corresponding figures for 1969 were 2,007 and 282.

The charge for chiropody was increased from 4/- to 5/- a treatment from 1st April, 1970 but this continued to be waived where the patient was receiving supplementary benefits from the Department of Health and Social Security.

Intermittent Renal Dialysis

By Circular 2/68 dated 4th January, 1968 approval was given to local authorities to make arrangements for the adaptation of bedrooms in patients' homes in order that dialysis could be given outside hospitals.

During 1970 one adaptation was undertaken and another which was started late in the previous year was completed. At the end of the year there were four patients, two in Crawley and the others in Bognor Regis and East Wittering, on dialysis at home.

The Care of the Elderly

A paper entitled *The Frail, Sick and Demented Elderly in West Sussex* (reproduced at Appendix D) was received by the Council at a meeting held on 27th February, 1970 when it was

> RESOLVED: That this Council takes note of the deplorable situation described in the appended report entitled *The Frail, Sick and Demented Elderly in West Sussex* prepared by the County Medical Officer of Health and as requested by the West Sussex Joint Liaison Committee (which represents the South West Metropolitan Regional Hospital Board, the County Council, the Executive Council and the Local Medical Committee) urges the Secretary of State for Social Services to take immediate action on the lines recommended in the paper.

At a meeting of the West Sussex Executive Council held on 19th March, 1970 it was

> RESOLVED: That the Secretary of State for Social Services be informed that this Council in consultation with the West Sussex Local Medical Committee is in agreement that the present and intended future provision for the care of the elderly in West Sussex is inadequate and is in agreement with the terms of the resolution of the West Sussex County Council of 27th February, 1970.

The Department of Health and Social Security were asked what immediate steps they proposed to take to meet the situation and were informed that the County Council considered it essential for three new welfare homes each of 35 to 40 beds to be built annually in West Sussex. By letter dated 13th April, 1970 the Department of Health and Social Security referred to the Secretary of State's list of capital building projects for which it was hoped loan sanction would be recommended in the three years 1970/71 to 1972/73 and stated that financial restriction had not made possible the inclusion of a third home for the elderly in any of the years covered by the programme; they added, however, that if a further allocation of loan sanction became available for an additional home to those listed for 1970/71 the Council would be favourably considered.

The Social Services Committee subsequently reported to the Council that they had reluctantly decided, in order that the non-residential services should not suffer, to restrict the number of new homes to be started in the financial year 1971/72 to two and that there should be no question of starting a third home even if the Department of Health and Social Security found themselves in a position to allocate additional loan sanction. The Committee also reported that an offer of loan sanction for an additional old people's home or other welfare project in 1970/71 had been received from the Department of Health and Social Security but had to be refused despite the fact that the Committee had been pressing the Department of Health to agree to three projects each year.

As will be seen from the next table which gives the numbers of patients on hospital waiting lists in Worthing at the end of 1969 and 1970, the pressure on the geriatric services in that part of the County was considerable.

Type of List	*Males*	*Females*	*Totals*
A* . .	25 (18)	149 (122)	174 (140)
B† . .	7 (9)	41 (33)	48 (42)
Short-stay .	10 (2)	16 (9)	26 (11)
Other Hospital Groups .	— (—)	8 (5)	8 (5)
TOTALS .	42 (29)	214 (169)	256 (198)

*In need of admission.
†Can be nursed at home or in a nursing home for the time being.
Note: The figures in brackets relate to 1969.

Dr. R. B. Franks, Consultant Physician in Geriatric Medicine, made the following comments on these figures.

'They show the really appalling state of the waiting list at the end of the year. It was bad enough at the end of 1969 but the increases, particularly where women are concerned, are really frightening and the cause of great personal and financial suffering amongst patients and their relatives.'

Dr. J. N. Mickerson, Consultant Physician at Chichester, reported that the demand for hospital beds in the Chichester area continued to put a considerable strain upon the hospital bed situation generally.

Retirement Clinics

Reference has been made in previous Reports to the non-therapeutic clinics held at Bognor Regis and Littlehampton for the medical examination and advice of elderly persons. Both these clinics continued during 1970 but the attendances decreased.

Dr. D. Warren Browne of Bognor Regis reports

'Because of other demands on the limited time available on Tuesday mornings it was possible to see only 19 persons at the clinic during the year. Each person attending is first interrogated at length regarding their medical history and there follows a full clinical examination which includes both blood and urine analysis. For a number of reasons, one of which is the difficult location of the clinic regarding public transport, all those attending were necessarily active and mobile and therefore not fully representative of their age group in the local population. Minor disabilities which were brought to light included minor degrees of anaemia, visual and hearing defects, urinary infections and some gasto-intestinal disorders. Where necessary patients were referred by letter to their own doctors for advice. When better accommodation becomes available at the new health centre, it should be possible to revise the procedure so that an increased number of patients can undergo a modified but still informative screening examination.'

The following table shows the numbers of persons who attended the Bognor Regis clinic during 1970.

Age	*Males*	*Females*	TOTALS
50–59 .	2 (2)	— (—)	2 (2)
60–69 .	6 (5)	8 (17)	14 (22)
70–80 .	2 (1)	1 (2)	3 (3)
TOTALS .	10 (8)	9 (19)	19 (27)

Note: The figures in brackets relate to 1969.

Dr. F. Cockcroft of Littlehampton reports

'Attendances fell to 27 persons in 1970; of these, four were referred by general medical practitioners, three referred from the cytology clinic, four came for rechecks and 16 were referred by friends or neighbours.

Towards the end of the year, one of the health visitors attached to a group practice was allowed to go through the list of patients of the practice and took out the names of persons who had not been seen for some years. These patients were sent a letter the contents of which were previously agreed by the doctors in the practice. From the first batch of letters sent out informing patients of the clinic, only one request was received for a visit to the clinic. Unless further letters produce better results, I feel it would be a waste of time for other health visitors to look for patients through the records of the practice to which they are attached.'

The following table shows the numbers who attended the clinic at Littlehampton.

Age	*Males*		*Females*		Totals	
50–59 .	—	(—)	—	(—)	—	(—)
60–69 .	5	(6)	11	(14)	16	(20)
70–79 .	4	(9)	7	(12)	11	(21)
Totals .	9	(15)	18	(26)	27	(41)

Note: The figures in brackets relate to 1969.

Population Screening Surveys

Phenylketonuria

All babies born in the County are tested for phenylketonuria by the Guthrie blood test method. No case of phenylketonuria was found during the year.

Cancer of the Breast and Cervix

Appendix C of the Report for 1967 gave details of the computer-assisted scheme which began in that year; these arrangements continued during 1970. The scheme accords with the current policy of the Department of Health and Social Security whereby examinations are offered at five-yearly intervals. By inviting women whose names appear in the electoral registers, every woman who is over the age of 35 years and who wishes to have these examinations will be given them once in five years either by her own general medical practitioner (where he is willing to undertake the examinations) or by a female doctor at a County clinic.

The year began with weekly clinics in Bognor Regis, Chichester, Crawley, Lancing, Littlehampton and at Worthing Hospital, where the local health authority is supporting the Worthing and District Cytology Service. During the year, discussions took place between representatives of the County and Borough Health Departments and the Worthing and District Cytology Service Committee which resulted in an additional session at Worthing

Hospital and a new session at the central clinic in Worthing. Sessions were also commenced at Billingshurst, Horsham, Selsey and Shoreham-by-Sea and at the end of the year 12 clinic sessions were being held each week.

During 1970, initial refusals were recorded from 4,000 women. When visited, 227 of these women were willing to have an examination and, after eliminating those who were over 70, had died or left the area, or had already been examined, the final total of refusals was 3,106, giving a consent conversion rate of 6.8 per cent resulting from the work of the health visitors. The following tables give summaries of the work undertaken in 1970 with the comparable figures for 1969.

Table A – Response to Invitations

(*Note:* The figures in brackets relate to 1969)

1.		Invitations sent . . .			35,178	(28,194)
2.	*Less:*	Replies not received by 31.12.70			9,245	(4,681)
3.		Replies received by 31.12.70 .			25,933	(23,513)
4.	*Less:*	Already examined . .	4,191	(3,465)		
5.		Dead or left area . .	2,346	(2,184)		
6.		Over 70 years . . .	5,038	(3,683)		
7.		Awaiting follow-ups . .	1,464	(1,570)		
8.					13,039	(10,902)
9.		Consents and Refusals .			12,894	(12,611)
10.	*Less:*	Refusals after follow-up .			2,584	(2,071)
11.		Consents . . .			10,310	(10,540)
12.		Percentage of consents (i.e. line 11 as percentage of line 9) . .			79·9	(83·5)

Table B – Consents, Age Groups and Service Choice

	Clinic	*Family Doctor*	Totals
Under 35 years .	1,294 (1,339)	1,015 (1,210)	2,309 (2,549)
Over 35 years .	5,636 (5,345)	2,365 (2,646)	8,001 (7,991)
Totals .	6,930 (6,684)	3,380 (3,856)	10,310 (10,540)

Note: The figures in brackets relate to 1969.

Table C – Examinations Carried Out

Breast only .	675 (622)	171 (262)	846 (884)
Cervix and breast	8,814 (5,393)	1,599 (1,789)	10,413 (7,182)
Totals .	9,489 (6,015)	1,770 (2,051)	11,259 (8,066)

Note: The figures in brackets relate to 1969.

Results

On clinical examination 350 women were found to have gynaecological conditions and were referred to their family doctors for further investigation and treatment if necessary. Clinical examinations of breasts showed unsatisfactory results in 193 cases, 20 more than in 1969. At the time the Report was prepared, follow-up of these women through their doctors showed that in 33 cases no abnormality was found on further examination, 75 merely had a simple condition, 13 were suffering from carcinoma of the breast and 72 were still under investigation or observation.

Laboratory examination of the cervical smears revealed that 229 women had minor vaginal infections and they were all referred to their doctors for advice and treatment. In 42 cases the laboratory findings were suspicious and 18 were positive. The table below gives an analysis of the further investigations that had been completed when the Report was prepared.

Results of further investigation	*Cytological Diagnosis*	
	Positive	*Suspicious*
Invasive carcinoma of cervix	2	—
Carcinoma-in-situ	8	6
Hypertrophied cervix	—	1
Inflammation	—	3
Repeat smear or histology normal	1	9
Still under investigation or observation	7	23
TOTALS	18	42

In six cases treatment was by cone biopsy, one of which also had radiotherapy. Eight cases underwent hysterectomies and in three cases dilatation and curettage and biopsy was carried out.

PART VI—AMBULANCE SERVICE

Development

In the annual review of the capital development programme the new station at Crawley was deferred from 1971/72 to 1972/73. The extensions to the station at Chichester, which will incorporate a new control, remained in the 1971/72 programme.

Statistics

Although the work of the ambulance car service continued to expand, there were decreases both in the number of patients carried and also in the mileage travelled by ambulances. These decreases were due entirely to the

ambulance dispute which occurred towards the end of the year; but for this, the volume of work would have continued to increase.

Miles			*Patients*		
1969	1970	*Variation*	1969	1970	*Variation*
834,397	795,638	−38,759	129,996	111,924	−18,072

The total number of patients conveyed by ambulances and cars in 1970 compared with 1969 decreased by 13,757, and the total distance travelled by 18,190 miles. The average mileage per patient conveyed by ambulance was 7.1 compared with 6.4 in 1969. Accident and emergency cases rose from 5,637 in 1969 to 6,065 in 1970 (an increase of 7.6 per cent), and accounted for 4.7 per cent of all patients conveyed. Patients conveyed by rail for part of their journeys numbered 885; this was 221 more than in 1969.

Staff and Vehicles

The next table shows the numbers of staff and vehicles at the ambulance stations at the end of each of the past two years.

Station	*Staff*		*Vehicles*	
	1969	1970	1969	1970
Bognor Regis . . .	9	9·5	6	6
Chichester	23*	25*	8†	9†
Crawley	13	15	7	8
Horsham	9	9	4	4
Littlehampton . . .	5	5	2	2
Midhurst	4	4	2	2
Pulborough . . .	3	3	2	2
Shoreham-by-Sea . .	5	5	3	2
Worthing	21	25	9	10
TOTALS . . .	92*	100·5*	43†	45†

* Includes 11 control staff. † includes 1 mobile control.

Staff attended the ambulance training school at Bishop's Waltham on both interim and officers' courses and assistance was given with the organisation of, and instruction at, both these courses. Thirteen of the staff took the graduate examination of the Institute of Ambulance Officers and 12 were successful.

Eight two-men teams entered the County Ambulance Efficiency Competition held in Chichester on 9th May, 1970. A team from Crawley was successful and came eleventh out of 13 entrants in the Regional Competition at Stanmore on 27th June, 1970; the two men concerned had only been in the service for a short period.

There were 74 entrants for the Safe Driving Competition of the Royal Society for the Prevention of Accidents; 68 passed and six failed, compared with 54 passes, seven failures and two exemptions in 1969.

Ambulance Car Service

There were increases in the number of patients carried and in the mileage travelled. Thanks are again due to the drivers, who continued so willingly to respond to the calls made upon their time. The reduction of the upper age limit of drivers to 70 years caused no difficulty.

Area	*Patients*			*Miles*		
	1969	1970	*Variation*	1969	1970	*Variation*
Chichester	29,400	33,859	+4,459	263,809	305,164	+41,355
Horsham	28,282	26,574	—1,708	368,334	342,612	—25,722
Worthing	31,882	33,446	+1,564	266,709	271,645	+4,936
TOTALS	89,564	93,879	+4,315	898,852	919,421	+20,569

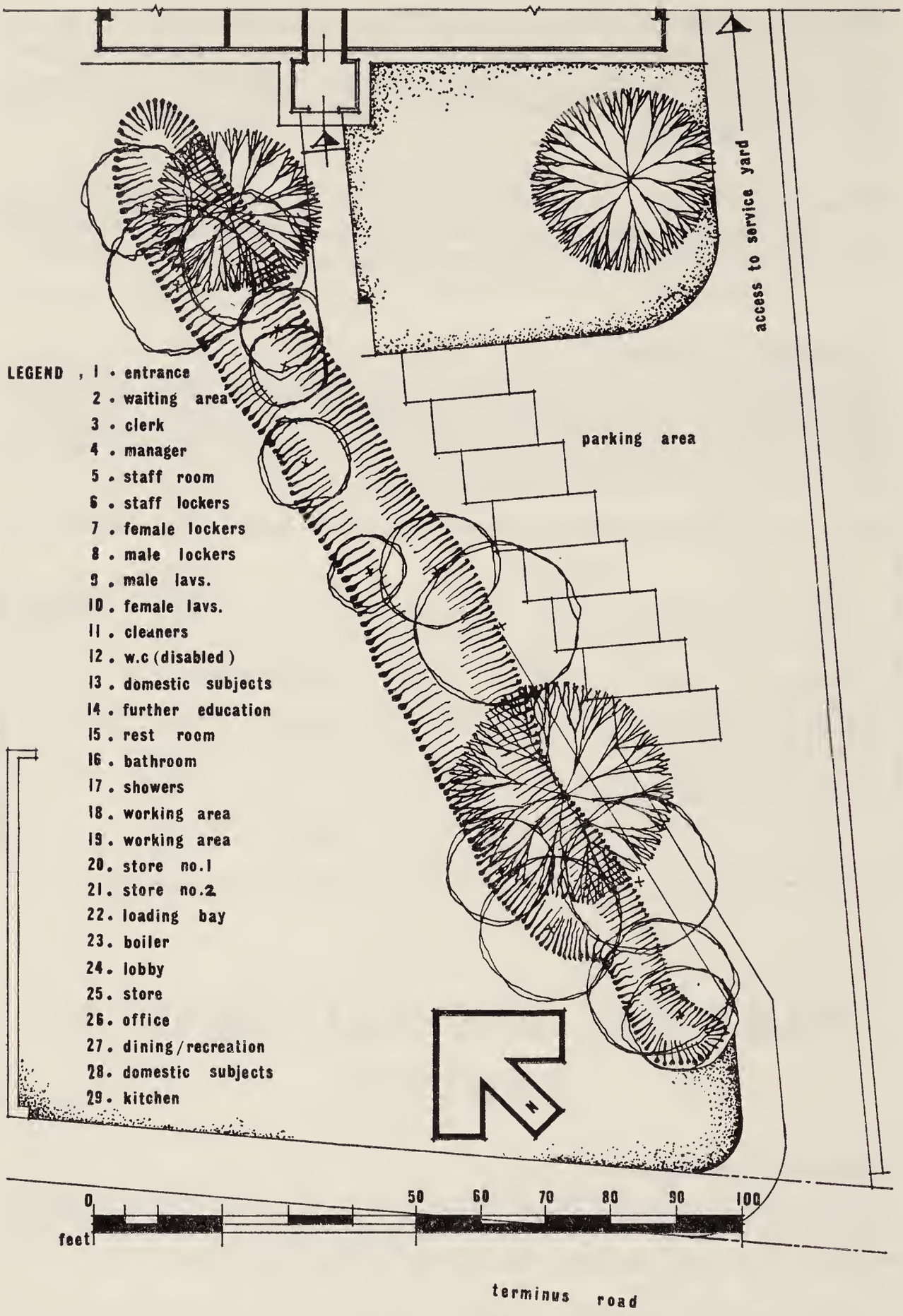
PART VII—MENTAL HEALTH SERVICE

Mental Welfare Officers

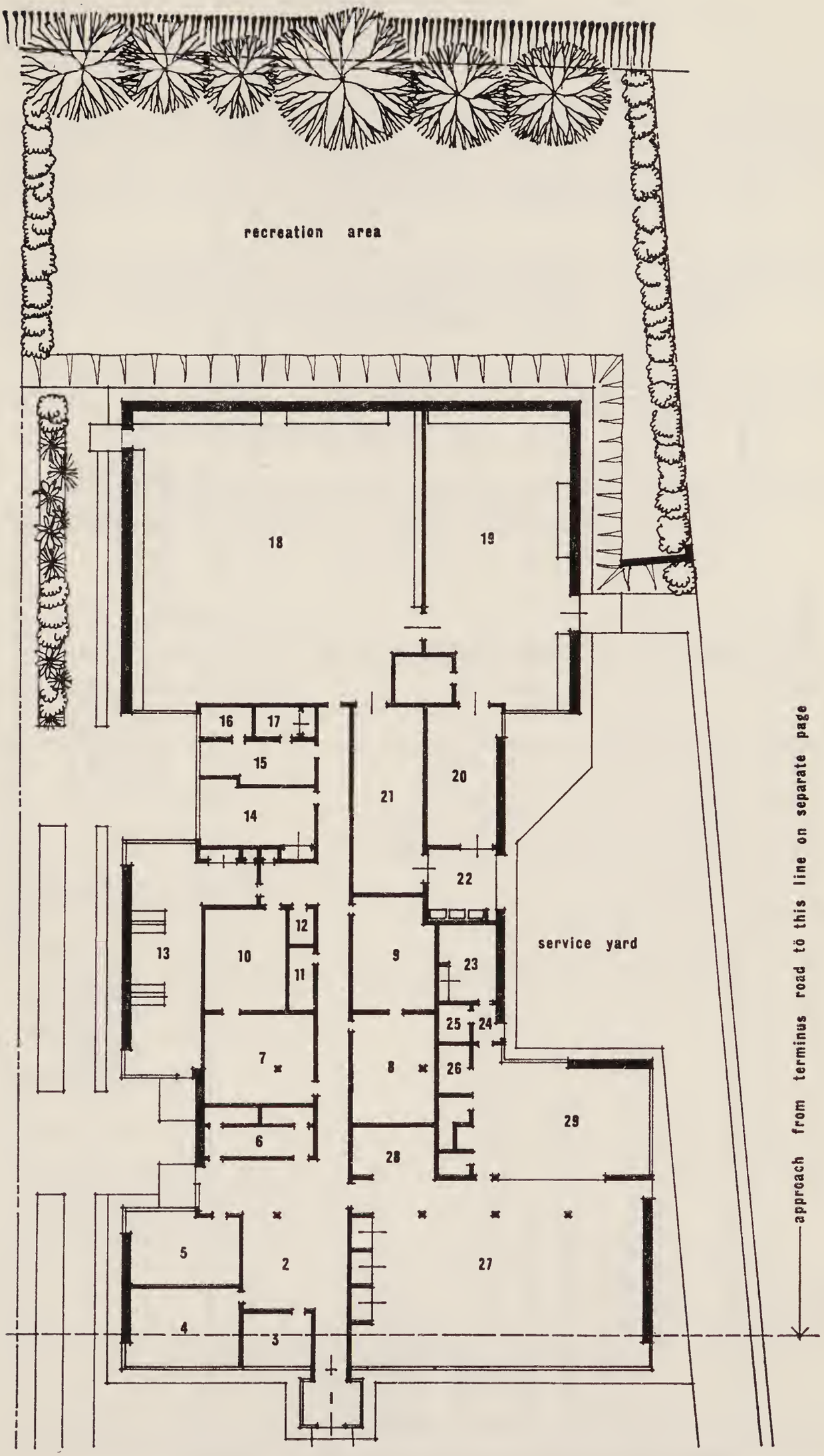
During the year the staff establishment of mental welfare officers including trainees was increased to a whole-time equivalent of 24.3; 21 whole-time and one part-time social workers were in post at 30th September, 1970.

As in previous years, the number of officers engaged on field work was reduced by the continuing training programme. One senior mental welfare officer completed a postgraduate psychiatric social work course and a further five officers were engaged on courses for the certificate in social work.

A system of stand-by duty to cover out-of-hours calls was formally established for all mental welfare officers from 1st July, 1970. This replaced the existing ad hoc arrangement and introduced a fixed rota within each area team.



ADULT TRAINING CENTRE : CHICHESTER


recreation area
18
19
16
17
15
14
21
20
22
12
13
10
11
9
23
service yard
25
24
7
8
26
6
29
28
5
2
27
4
3
approach from terminus road to this line on separate page

Admissions to Hospitals

Mental Health Act 1959	*Graylingwell*		*Netherne*		*Roffey Park*		TOTALS
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	
Section 5 – (Informal) . . .	478 (373)	671 (554)	14 (17)	29 (24)	135 (120)	192 (167)	1,519 (1,255)
Section 25 – (Observation – 28 days) . .	28 (22)	73 (44)	2 (1)	1 (1)	3 (18)	5 (23)	112 (109)
Section 26 – (Treatment) . . .	9 (7)	19 (10)	2 (1)	— (—)	1 (3)	1 (3)	32 (24)
Section 29 – (Observation in emergency – 3 days)	39 (52)	84 (100)	4 (6)	5 (4)	15 (6)	17 (7)	164 (175)
Section 60	1 (4)	— (—)	— (—)	— (—)	— (1)	— (—)	1 (5)
Section 65	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)
Section 71 (Court Orders) . .	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)
Section 72	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Section 136	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)
TOTALS	555 (460)	848 (708)	22 (25)	35 (29)	154 (148)	215 (200)	1,830 (1,570)

Hospital	*Average age on admission*	*Number aged 65 years or over on admission*
Graylingwell .	52 years (49)	469 (325)
Netherne . .	60 years (60)	31 (29)
Roffey Park .	46 years (42)	25 (39)

Note: The figures in brackets relate to 1969.

Statistics

Mental Illness

Information provided by the three hospitals giving the numbers of patients admitted, the average age on admission and the numbers aged 65 years and over on admission during 1970 is shown on page 44. The mental welfare officers assisted in the arrangements for statutory admissions of patients under sections 25, 26 and 29 of the *Mental Health Act 1959*.

Informal admissions rose by 264 and the number of persons admitted by statutory procedure fell by five compared with 1969. There was a reduction of 11 cases dealt with under the 'emergency' section.

During the year 1,692 patients (670 males and 1,022 females) left the hospitals and 191 (82 males and 109 females) died. Of the 191 deaths, 159 were of people over 65 years of age.

At the end of the year, seven mentally ill persons were being maintained by the local health authority in residential accommodation.

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown in the next table.

Form of care	*Male*		*Female*		Totals
	Under 16	*Over 16*	*Under 16*	*Over 16*	
Hospitals and homes under regional hospital board	45	226	32	137	440 (447)
Mental nursing homes	4	—	2	—	6 (6)
Residential homes	11	27	9	40	87 (55)
Boarded out in private homes	—	8	2	22	32 (34)
Durrington hostel	12	—	7	—	19 (24)
Rustington hostel	—	35	—	—	35 (35)
Informal community care (2 of the cases in residential or private homes are subject to guardianship orders)	92	251	59	253	655 (800)
Totals	164	547	111	452	1,274(1,401)

Note: The figures in brackets relate to 1969.

At the end of the year, the names of 27 subnormal persons were on the waiting list for admission to hospital, three more than at the end of 1969.

The following particulars show the immediate sources of information which led to subnormal persons being dealt with during the year.

Source of Referral	*Male*		*Female*		Totals
	Under 16	*Over 16*	*Under 16*	*Over 16*	
General practitioners	—	1	1	—	2 (3)
Hospitals	5	3	7	1	16 (11)
Courts and police	—	2	—	2	4 (—)
Local education authority	11	3	2	3	19 (15)
Other sources	11	9	9	8	37 (59)
Totals	27	18	19	14	78 (88)

Note: The figures in brackets relate to 1969.

The cases were dealt with as follows.

Disposal	*Male*		*Female*		Totals
	Under 16	*Over 16*	*Under 16*	*Over 16*	
Admitted to psychiatric hospitals	4	5	—	3	12 (6)
Placed in residential homes	3	4	3	—	10 (8)
Placed in mental nursing homes	—	—	—	—	— (2)
Placed under informal community care	20	9	16	11	56 (72)
Totals	27	18	19	14	78 (88)

Note: The figures in brackets relate to 1969.

Training Centres

During the year, hutted accommodation at Worthing Adult Training Centre was transferred to Durrington Training Centre.

The next table shows the numbers of pupils and staff at junior and adult training centres. In addition, 25 other pupils attended centres maintained by other authorities or by voluntary bodies.

Centre	*Staff*		*Pupils*					
	Head Teacher/ Manager	*Teachers Instructors and Trainees*	*On register*					*Daily average attendance*
			Males		*Females*		Totals	
			Under 16	*Over 16*	*Under 16*	*Over 16*		
*†Fordwater	1	12 (10)	27	12	16	18	73 (69)	59 (54)
*†Crawley	1	8 (10)	29	5	12	19	65 (60)	50 (45)
*Durrington	1	10 (11)	50	—	34	—	84 (88)	75 (75)
†Rustington	1	4 (4)	—	41	—	—	41 (44)	36 (35)
†Worthing	1	7 (7)	—	26	—	46	72 (59)	63 (51)

*Junior Training Centre. †Adult Training Centre.

Note: The figures in brackets relate to 1969.

Hostels and Residential Homes

The Council provide hostel accommodation for mentally subnormal children at Durrington, for subnormal youths at Rustington and, at Worthing, for female patients discharged from psychiatric hospitals. The following table shows the numbers of persons resident in each of these hostels at the end of the past two years.

Hostel	*Males*		*Females*		TOTALS
	Under 16	*Over 16*	*Under 16*	*Over 16*	
*Durrington . . .	13	—	6	—	19 (24)
†Rustington . . .	—	35	—	—	35 (35)
‡Worthing . . .	—	—	—	10	10 (9)
TOTALS . .	13	35	6	10	64 (68)

* For subnormal children. † For subnormal youths. ‡ For the mentally ill.

Note: The figures in brackets relate to 1969.

At the end of the year there were seven private residential homes for the mentally subnormal registered by the Council and these premises were inspected by staff of the Department on behalf of the Social Services Committee.

The location of the private homes and the accommodation provided is shown in the next table.

Place	*Number of homes*	*Adults*			*Children*	TOTALS
		Both sexes	*Males*	*Females*		
Burton Rough .	1	—	25	—	—	25
Roffey & Faygate .	3	—	68	—	31	99
Selsey . .	1	18	—	—	—	18
Walberton . .	1	—	—	5	—	5
Worthing . .	1	—	—	—	5	5
TOTALS . .	7	18	93	5	36	152

Short-term Care and Holidays

During the year, arrangements were made for short-term care or holidays for 219 mentally handicapped people; an increase of 58 on the figure for 1969. Twenty-one patients were admitted to hospitals, 18 young men to Rustington Hostel and 34 children to Durrington Hostel for short periods. In addition, 33 patients were accommodated in residential homes.

Forty-three pupils from Rustington and Fordwater training centres spent a week's holiday at Sandown, Isle of Wight, during April, 1970.

Thanks are due to the members of Durrington Training Centre Parent/

Teacher Association, the Worthing, Littlehampton and District and the Bognor Regis, Chichester and District Societies for Mentally Handicapped Children, who with financial assistance from the Council, organised a week's holiday for 38 children at Dymchurch during July, 1970 and for 32 children at Fittleworth during September, 1970.

PART VIII—OTHER SERVICES

Health Centres

The capital development programme was revised towards the end of the year for the period up to 1973/74. The next table gives particulars of the health centre part of this programme. On all these schemes consultations took place with the Department of Health and Social Security, the Executive Council for West Sussex, general medical practitioners and, where appropriate, with the South West Metropolitan Regional Hospital Board.

Health Centre	*Building programme (year)*	*Approximate population to be served*	*Number of*	
			G.Ps. working in the area	*G.P. consulting suites to be provided*
Bognor Regis	1971/72	40,000	19	6 (5)
Durrington	1971/72	25,000	18	2 (9)
Lancing	1971/72	20,000	9	4 (5)
Witterings	1971/72	9,000	3	3 (3)
Crawley (Town Centre)	1972/73	*	*	*
Midhurst	1972/73	12,000	5	4 (5)
Selsey	1972/73	8,000	4	4 (4)
Steyning	1972/73	9,000	4	2 (1)
One small centre (location undecided)	1972/73	*	*	*
Crawley (Broadfield) – permanent	1973/74	*	*	*
Horsham	1973/74	*	*	*
Two small centres (locations undecided)	1973/74	*	*	*

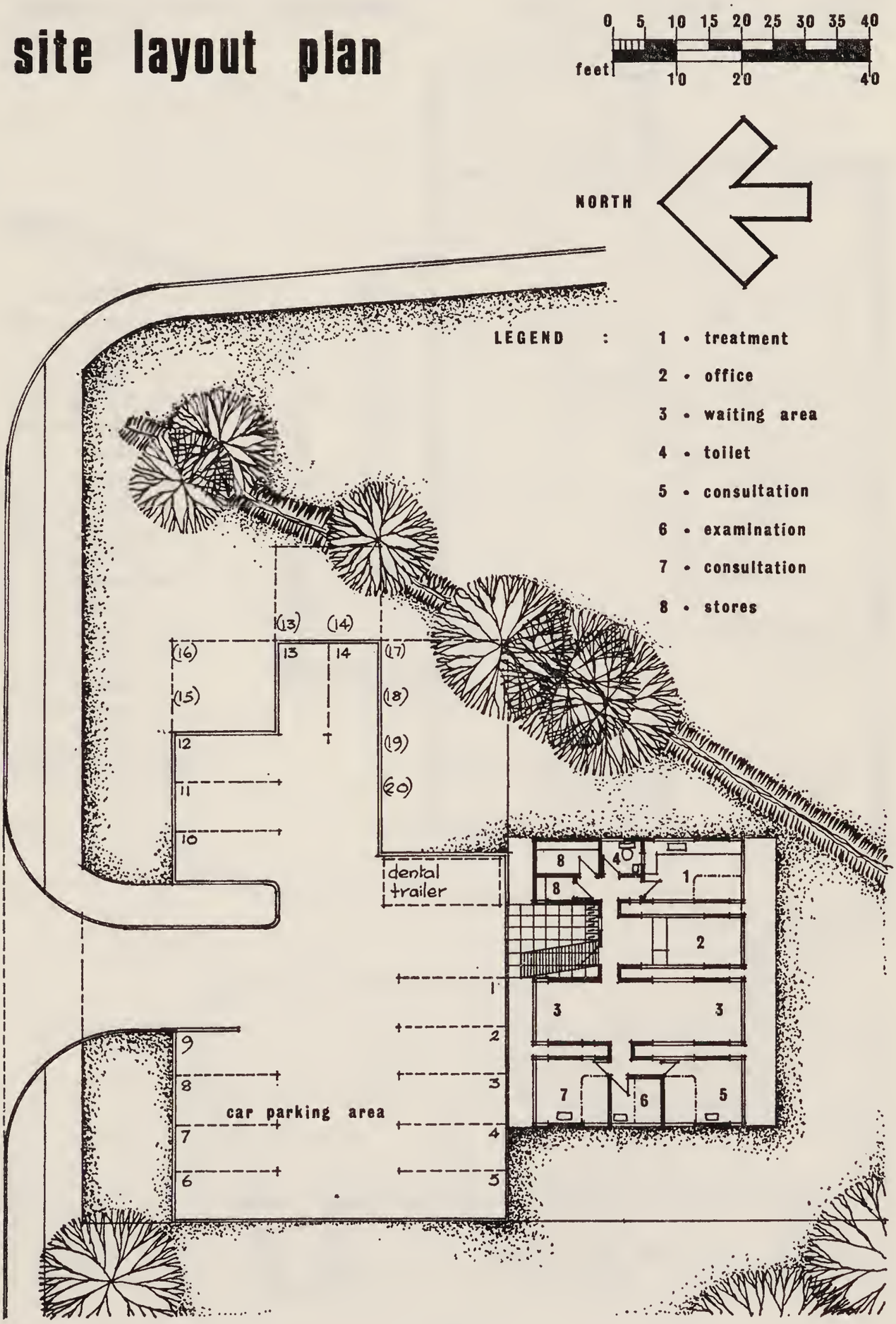
Note: The figures in brackets indicate the numbers of general medical practitioners who will be accommodated in the health centres upon completion.

* Details not yet settled.

The health centre at Shoreham-by-Sea, the first to be opened in West Sussex, was brought into use during February and March, 1970; the plans of the building appeared in the 1968 Report. The following account of how the

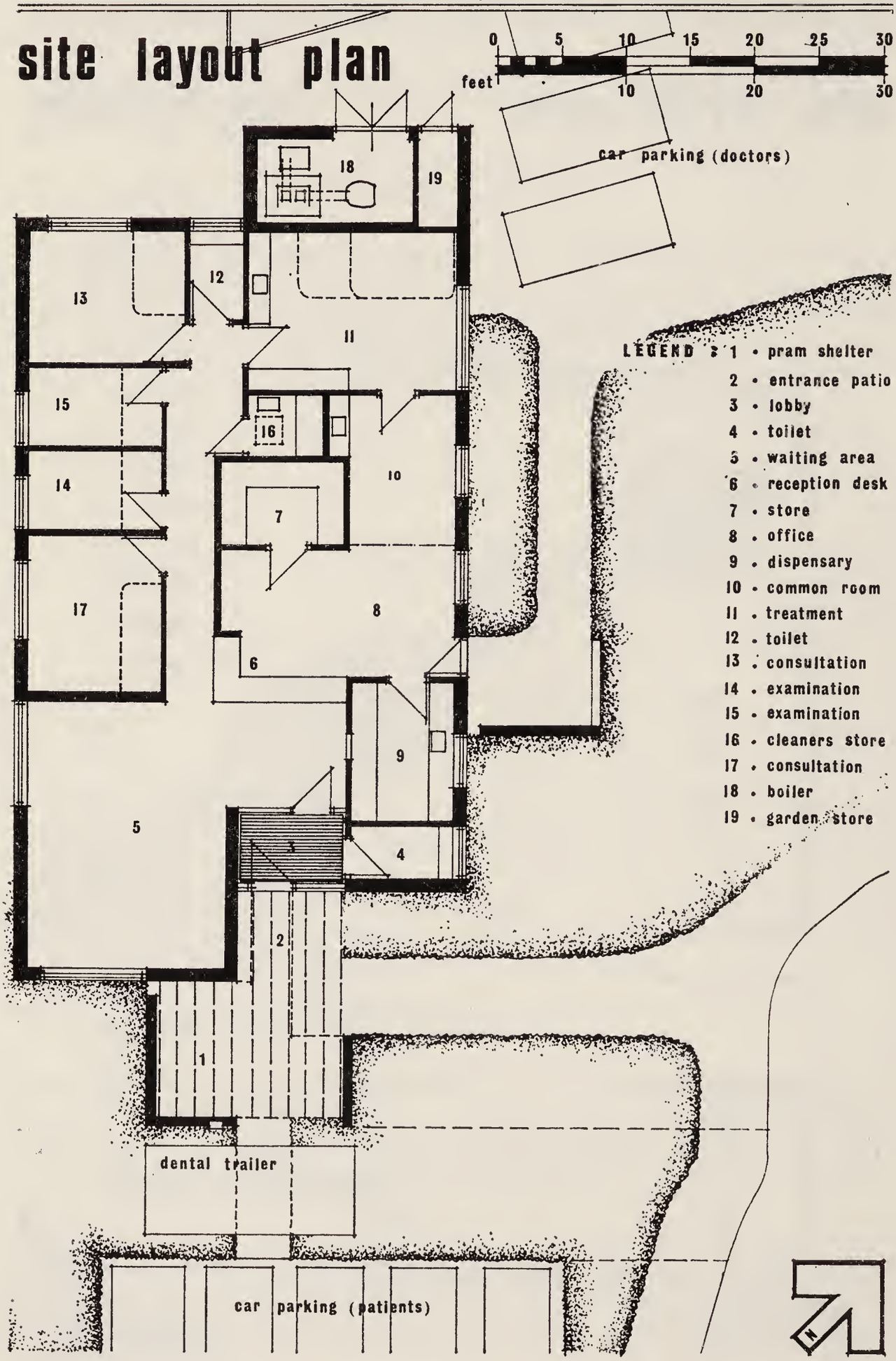
CRAWLEY (BROADFIELD) HEALTH CENTRE : temporary

site layout plan



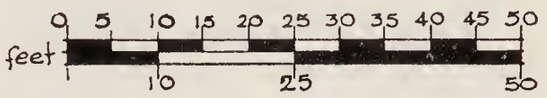
RUDGWICK HEALTH CENTRE

site layout plan

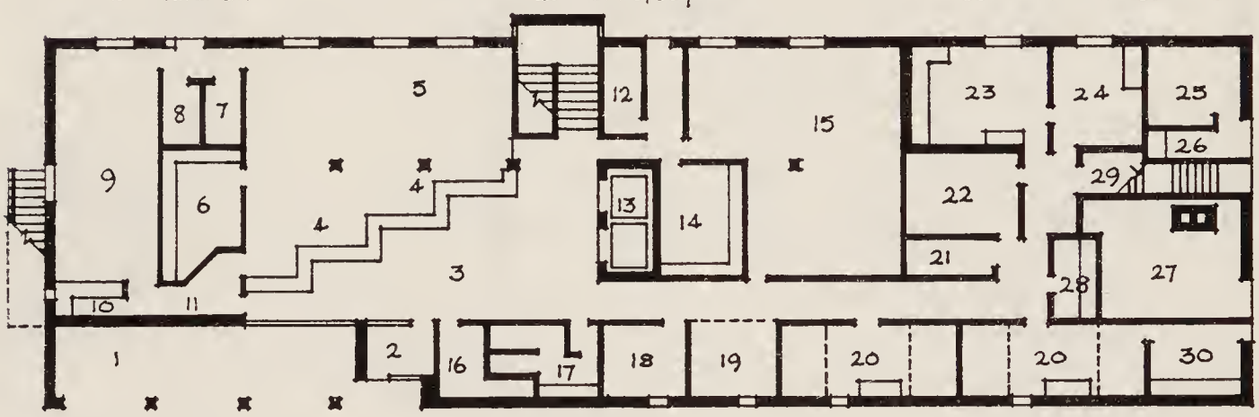


LANCING HEALTH CENTRE

ground

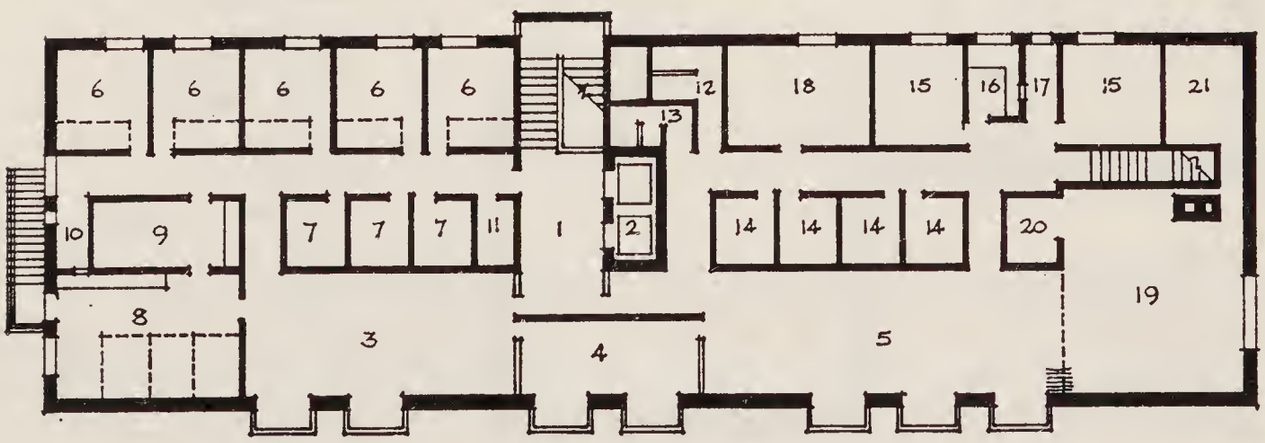


legend : 1 • pram shelter
2 • entrance lobby
3 • entrance foyer
4 • reception
5 • office/records
6 • store
7 • w.c. male
8 • w.c. female
9 • common room
10 • kitchen
11 • interview lobby
12 • duct
13 • lifts
14 • nursing equipment store
15 • nurses' office
16 • male w.c.
17 • female w.c.
18 • interview
19 • chiropody waiting & interview
20 • chiropody
21 • w.c. [wheelchair]
22 • waiting room
23 • dental surgery
24 • dental 'recovery'
25 • pabx
26 • garden equipment
27 • boiler & incinerator
28 • cleaners' store
29 • store
30 • domestic service

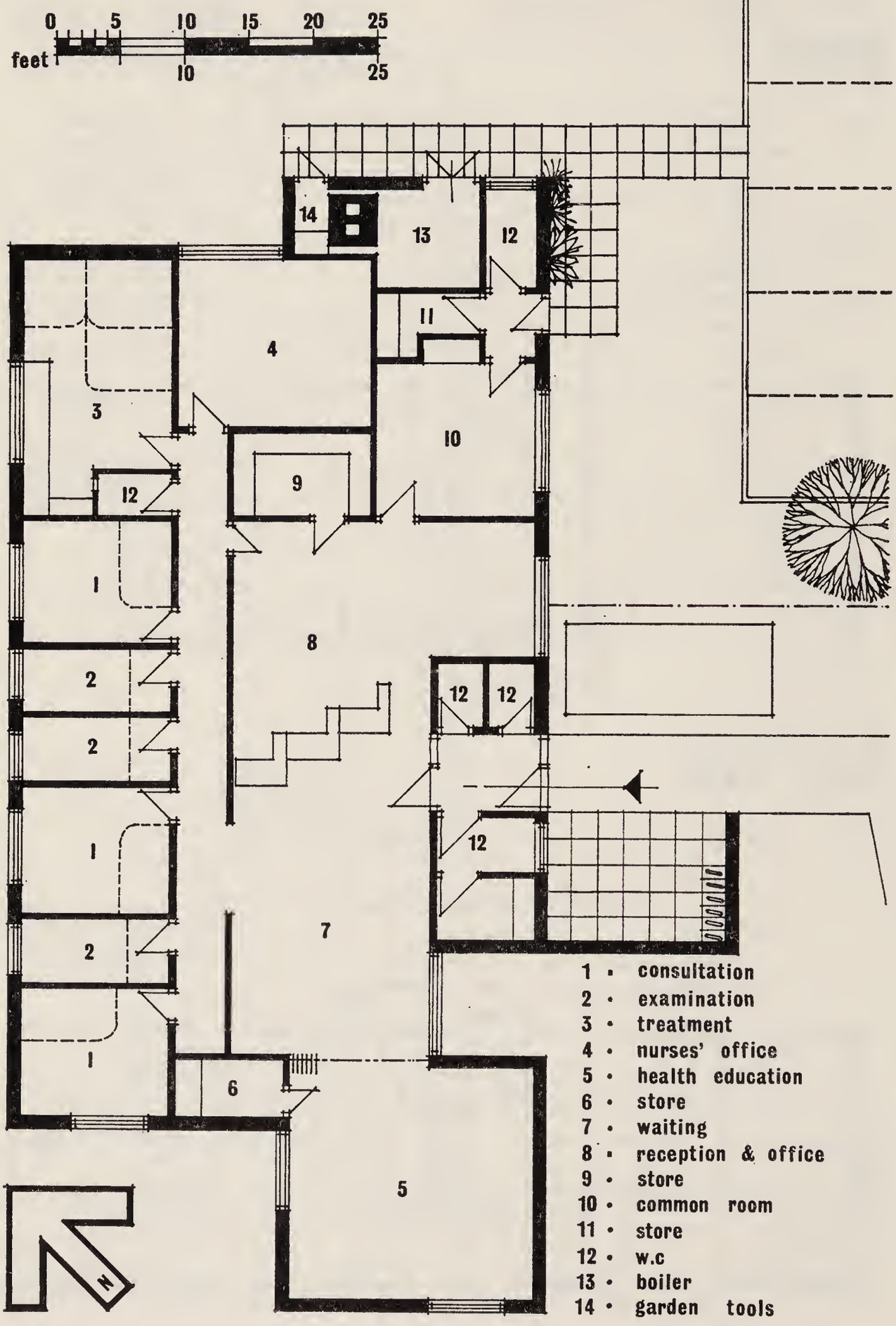


first floor

legend : 1 • landing
2 • lifts
3 • waiting area
4 • playroom
5 • waiting area
6 • consultation/gen. practitioners
7 • examination
8 • treatment
9 • nurses' service
10 • w.c.
11 • cleaners' store
12 • female w.c.
13 • male w.c.
14 • examination
15 • consultation/L.A.
16 • laboratory
17 • w.c.
18 • area nursing officer
19 • health education
20 • mattress store
21 • store/health educ.



WITTERINGS·HEALTH·CENTRE



1 · consultation
2 · examination
3 · treatment
4 · nurses' office
5 · health education
6 · store
7 · waiting
8 · reception & office
9 · store
10 · common room
11 · store
12 · w.c
13 · boiler
14 · garden tools

arrangements were working was submitted by the Health Committee to the Council at the meeting held on 24th July, 1970.

'Reactions to the new building, both by the professional workers and by members of the public, are favourable, and no major problems have yet been encountered.

The circulation of patients in the building, the reception and waiting arrangements, the colour-coded patient-call and direction-indicator systems are all working remarkably smoothly, and patients attending the centre for the first time have no difficulty in finding their way to their doctors' consulting rooms.

The local authority services, many of which are provided by appointment, are operating in much better conditions and reflect a tremendous improvement on the various rented premises previously used.

The health centre is open from 8.00 a.m. to 7.30 p.m. (5.30 p.m. on Wednesdays) during the week, and from 8.00 a.m. until 11.30 a.m. on Saturdays. One telephone number now covers all the general medical and local health services in Shoreham-by-Sea, and patients are finding it much easier to contact a doctor at peak periods as a result of the up-to-date push-button telephone switchboard installed.

An important feature of the move into the building has been the integration into a single team of the various categories of staff; those concerned are to be complimented upon the way in which they have readily adapted to the new concept of community health care.

The experience gained in the running of the Shoreham-by-Sea Health Centre entirely justifies the policy to improve the accommodation from which the community health services are operated by building health centres wherever the need can be justified. So far, the Shoreham-by-Sea scheme has been an unqualified success.'

Building operations at Henfield, the plans of which were included in the 1969 Report, were completed during December, 1970 and agreement was reached with the general practitioners that they would occupy their accommodation from 8th February, 1971. Good progress was made on the Littlehampton building (the plans of which appeared in the 1969 Report) and, at the end of the year, it seemed likely that it would be brought into use from April, 1971. Steps were taken aimed at securing all necessary consents in time to enable starts to be made at Rudgwick and Crawley (Broadfield) before 1st April, 1971. The sketch plan of Rudgwick health centre which was included in the last Report was modified and the revised plan is shown on page 50. The plan of Crawley (Broadfield) health centre appears on page 49.

The Health Committee agreed to a request from the University of Kent at Canterbury for cooperation in the assessment of health centre development in West Sussex including the reactions of the public. The costs of all aspects of the study will be borne by the University, which has received support from the Department of Health and Social Security for this purpose, and the aim will be to keep to the absolute minimum any inconvenience to health service personnel which the study might involve. It is anticipated that the research will be of mutual benefit.

Blind and Partially-Sighted Persons

Registration

On 31st December, 1970 there were 1,278 blind and 552 partially-sighted persons on the register, compared with 1,266 blind and 517 partially-sighted on 31st December, 1969.

During the year, 178 new cases of blindness (excluding those transferred)

and 141 new cases of partial sight were added to the register following examination by consultant ophthalmic surgeons. Six registered blind persons were removed from the blind register (five following cataract operations and one upon natural improvement). Of these six, three were reclassified as partially-sighted and three were deleted from the register completely. Six registered partially-sighted persons were removed from the register.

Partially-sighted persons transferred to the blind register because of deterioration in vision numbered 41.

Follow-up Action

Where treatment was recommended by ophthalmic surgeons, the cases were followed up to ensure that the treatment prescribed was carried out. The results of this action are tabulated below.

	Primary Ocular Disease			Totals
	Cataract	*Glaucoma*	*Other*	
A. Number of cases registered during the year in respect of which Forms B.D.8 recommended:—				
(*i*) No treatment . .	17 (30)	4 (4)	72 (95)	93 (129)
(*ii*) Treatment (medical, surgical, optical or hospital supervision) .	50 (51)	55 (46)	121 (102)	226 (199)
Totals . . .	67 (81)	59 (50)	193 (197)	319 (328)
B. Number of cases at A (*ii*) above which:				
(*i*) Continued to receive treatment . .	29 (24)	43 (26)	72 (49)	144 (99)
(*ii*) Refused treatment .	3 (1)	1 (—)	2 (—)	6 (1)
(*iii*) Had treatment deferred or discontinued . .	9 (17)	8 (12)	36 (38)	53 (67)
(*iv*) Placed on waiting list for admission to hospital .	2 (5)	— (2)	— (2)	2 (9)
(*v*) Died or left County before investigation . .	7 (4)	3 (6)	11 (13)	21 (23)
Totals . . .	50 (51)	55 (46)	121 (102)	226 (199)

Note: The figures in brackets relate to 1969.

Ophthalmia Neonatorum

Three cases of ophthalmia neonatorum were notified but there was no subsequent loss or impairment of vision.

Nurseries and Child Minders

The *Nurseries and Child Minders Regulation Act* 1948, which was amended by section 60 of the *Health Services and Public Health Act* 1968, placed a duty upon local health authorities to keep registers of, and empowered them to

supervise, premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more during the day, and persons who, in their own homes and for reward, look after, for similar periods, one or more children under the age of five years to whom they are not related.

As will be seen from the following table, the growth in the numbers of registrations continued; registrations of both persons and premises have increased more than threefold in the past five years.

	Numbers registered at 31st December		*Numbers of children provided for*	
	1969	1970	1969	1970
(*a*) Premises . . .	128	154	3,296	4,114
(*b*) Daily minders . .	148	206	874	978

Day Care Facilities for Children under Five

The circumstances in which fees are paid by the Council in respect of children placed in private registered nurseries or in the care of child minders were described in the 1968 Report. During the year, 80 children received such care and their fees were paid by the Council.

Nursing Homes and Nurses Agencies

At the end of the year, there were 62 nursing homes registered with the Council, the same as at the end of 1969. The number of beds available rose by 57 to a total of 1,266. All the homes were inspected regularly by a medical inspector of nursing homes who reported that, whilst the standards required by the Council were generally well maintained, proprietors were faced with the problem of rising costs and that they were experiencing difficulty in recruiting suitable staff. The proprietors of the two nursing homes approved by the Department of Health and Social Security under section 1 of the *Abortion Act 1967* did not apply for the renewal of their licences in 1970.

The nursing homes in the County provide a substantial geriatric service. Over 90 per cent of the beds are occupied by elderly and infirm people, almost all of whom are over the age of 70 years; many of them are in their 80s, a few in the 90s, one is 102 and another 104 years old.

Pre-registration inspections of new nursing homes continued to be carried out in conjunction with an officer of the County Fire Service, so that fire precautions of an approved standard could be included in the conditions of registration.

The following table gives details of the registration of nursing homes in the County during the past five years.

	1966	1967	1968	1969	1970
Registered at 1st January . . .	62	57	56	59	62
New registrations	1	6	11	11	3
Registrations withdrawn . . .	6	7	8	8	3
Registered at 31st December . .	57	56	59	62	62

The accommodation available at the end of the year in nursing homes registered by the Council is shown below.

Size of homes (beds)	*Number of homes*	*Number of beds provided*			
		General	*Maternity*	*Psychiatric*	TOTALS
25 and over .	14 (4)	402	—	172	574
20 to 24 . .	8 (1)	157	—	15	172
15 to 19 . .	19	314	—	—	314
10 to 14 . .	15	167	—	—	167
5 to 9 . .	5 (1)	28	—	8	36
Under 5 . .	1	3	—	—	3
TOTALS .	62 (6)	1,071	—	195	1,266

Note: The figures in brackets denote homes (included in totals) also registered as mental nursing homes under the *Mental Health Act 1959*.

The proprietor of a registered maternity home closed her establishment in the early part of 1970. One home in Worthing undertook surgical operations.

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered seven, one more than in 1969.

PART IX—ENVIRONMENTAL HEALTH SERVICE

The General Sub-Committee exercised responsibility for the environmental health services. Appropriate action was taken on such matters as the control of milk supplies (particularly with regard to brucellosis and the processing and distribution of heat-treated milk) and grants for the extension of water mains and the provision of sewers in rural areas.

Excellent cooperation between staff of the Department and those employed by district councils and representatives of other public services such

as water boards and river authorities continued and enabled matters of joint concern to be dealt with speedily and effectively. Cooperation was further improved by the Department making available to district officers a considerable number of scientific instruments for monitoring environmental pollution, including noise. These relatively expensive items of equipment are rarely purchased by district authorities as they are not often required. If such items are purchased by the county authority and made available to all district authorities in the area, the cost can however be justified. Five district authorities made use of a sound-level meter, built to British Standards Institute specifications, which is capable of providing full octave-band analysis. Atmospheric pollution surveys were carried out in three areas by the Department's own technical staff on behalf of district authority officers and the County Planning Officer. A considerable amount of advice on noise problems associated with highway, school and courthouse development was provided for the County Architect and County Planning Officer.

The efforts of the county environmental health inspectorate to meet demands for instruction in technical subjects connected with health education are recorded in Part V. Their work on the installation and maintenance of school swimming pools is referred to in Part X.

European Conservation Year

In November, 1963 the Duke of Edinburgh addressed the first of the conferences *The Countryside in 1970* and said that the European Committee for the Conservation of Nature and Natural Resources, being concerned with increasing levels of pollution, had decided to promote European Conservation Year in 1970 in the hope of promoting conservation programmes. Little was done to prepare for this and 1970 had almost started before local government and other organisations decided that 'something should be done.' Some attempts were accordingly made to deal with the polluters but, as these developed, it became clear that insufficient attention had been paid both to the complexitites of the problem and to the financial backing required. There were therefore no substantial local or national programmes supported by appropriate financial resources and, apart from the recommendation of the Jeger Committee that more money is needed for sewage disposal research and schemes, little appears to be contemplated.

The problems of pollution, national and international, have been with us for a long time. They may take a long time to solve but it is clear that they will never satisfactorily be overcome until many difficult decisions are made and adequate funds are provided. In a democracy, this is a problem for society as a whole and, in particular, for the politicians who represent the people. The technicians already know the remedies for many of our environmental ills; they are however unlikely to be able to put their knowledge and skills to good effect until they receive imaginative and adequate political and financial support.

There are some improvements which can be brought about at a man-in-the-street level. Pollution, like charity, often begins at home. Care in the disposal of garbage, care for hedgerows, respect for natural surroundings and wildlife, consideration for other people's privacy and peace by reducing noise, are all matters which directly impinge on and are controlled by each of us. Social responsibility is the least costly but frequently the most effective contribution each of us can make to the battle for conservation.

Water Supplies

The chemical and bacteriological quality of all mains water supplied throughout the County was satisfactory. There were no reports of plumbo-solvency. The following water undertakers serve the area and, apart from isolated dwellings and hamlets, services extend to all parts.

The North West Sussex Water Board
The Portsmouth Water Company
The Borough of Worthing Water Department
The County Borough of Brighton Water Department
The Mid Wessex Water Company (formerly the Wey Valley Water Company)

There was no change in the level of natural fluoride in the various water supplies. Reference is made in the Preface to the Council's change in policy in regard to the fluoridation of such supplies.

Details of a scheme to fluoridate school milk were considered by the Health Committee who decided to take no further action in the matter; it was considered a technically and economically unacceptable method of administering fluoride for the purpose of reducing dental caries.

Grants in aid under the *Rural Water Supplies and Sewerage Acts 1944 to 1965* were made in respect of extensions to existing water services in the following areas.

North West Sussex Water Board

Easebourne (revised grant)	(Midhurst R.D.C.)
Ford Farm, Ashurst (revised grant)	(Chanctonbury R.D.C.)
River Hill area (revised grant)	(Petworth R.D.C.)
Bepton Street	(Midhurst R.D.C.)
Casita and The Haven, Rudgwick	(Horsham R.D.C.)
North Springs, Bedham	(Petworth R.D.C.)
Selham Priory to South Ambersham	(Midhurst R.D.C.)

Chichester Rural District Council
Water supply to South West area
Sewage Disposal Works, Sidlesham (revised grant)

The revised estimate of contributions made by the County Council in 1970/71 towards water supply was £13,800.

Sewerage

Grants in aid of sewerage were made in respect of the following schemes

Chichester R.D.C.
Funtington Sewerage Scheme
Tangmere Sewerage Scheme
Aldingbourne and district Sewerage Scheme Stage III
Woodmancote Sewerage Scheme

Chanctonbury R.D.C.
Heath Common, Washington – Main Drainage Scheme

Horsham R.D.C.
Lyons Corner, Slinfold Sewerage Scheme
Monks Gate, Nuthurst Sewerage Scheme

Midhurst R.D.C.
West Lavington Sewerage Scheme
Chichester Road – West Lavington Sewerage Scheme

Worthing R.D.C.
Burpham Sewerage Scheme

The revised estimate of contributions made by the Council in 1970/71 towards sewerage was £121,900.

Relaxation of Ministry Control: Water Supply and Sewerage Schemes

By Circular 48/70 dated 22nd June, 1970 the Minister of Housing and Local Government reduced the extent to which sewerage schemes submitted by local authorities for approval for loan consent needed to be examined by the central government. The revised procedure was described in a new manual of guidance which emphasised the responsibility of local authorities for the design and execution of schemes and for compliance with the associated statutory procedures.

From 22nd June, 1970 technical information was not required where the estimated cost was under £100,000 or the amount equivalent to the product of 2.4d (1p) rate unless an unconventional type of plant was involved, or the proposals formed part of a larger scheme with an estimated cost above the small schemes limit, or the Ministry asked for technical information if a dispute arose. Provision was however made for any water, sewerage or sewage disposal scheme to be investigated locally by engineering inspectors from the Ministry either by formal enquiry or informal visit. District councils were asked to seek the views of the county or county borough council where grants were payable under the *Rural Water Supplies and Sewerage Acts* and to submit the observations of these authorities to the Ministry.

The main changes were the extension to a wider range of schemes of the simplified procedure which required the submission of no technical information, and the limitation of the examination of schemes to what is required for the discharge of the Minister's function in respect of loan sanction.

Taken for Granted: Report of the Working Party on Sewage Disposal

The Government Working Party on sewage disposal, of which Mr. H. Brinton was a member, made its report in March, 1970. Its study included the management of water resources; methods of sewage treatment and disposal; the influence of agriculture and industry; and financial implications.

It made recommendations on future policy, finance, administration, statutory law, methods of sewage disposal, education of technical staff, training and research. In general it recommended stricter control and an improvement in the quality of effluents discharged to water courses, particularly those used as sources of public water supply, and an extension of water conservation control to the sea as far as the three-mile limit. It also recommended an increase in spending on sewage disposal schemes and research, and suggested a comprehensive administrative structure to control sewage disposal, water quality, flow and conservation.

On the subject of the disposal of crude sewage to sea it acknowledged the method as satisfactory, provided that sewage solids are screened and comminuted before discharge through properly-sited diffusers. It drew attention to the need for exhaustive hydrological studies for sewage outfalls and stressed that regard should be paid to adjacent amenity beaches and density of population along the seaboard. In paragraph 254 of this report, the Working Party stated

> 'To determine the effects of these variables it is necessary to undertake extensive tests. It is clear that mere float tests are not sufficient alone, since floats are readily wind-driven and do not indicate the concentration of the pollution. What is additionally required is

dye and/or radioactive tracer tests, together, if necessary, with a hydrographic model. In the light of these tests the proper design of an outfall can be determined, bearing in mind that what might be acceptable in an inaccessible place, with deep water and strong tides, would be quite impermissible in shallow water off amenity beaches. Where these are close by, or in waters used extensively for sailing and water-skiing, even more stringent precautions are necessary.'

The report made several references to the importance of seaboard amenity which may be summed up in the words of Mrs. Lena Jeger, M.P., Chairman of the Working Party, who was quoted in Medical News-Tribune dated 31st July, 1970 as saying

'I welcome an amenity rather than a sanitary approach to pollution. I don't care if I am told that I will not get disease from swimming in faeces. I just don't enjoy the experience – and holidays are for enjoyment.'

Refuse Disposal

The bulk of domestic and trade refuse in the area is disposed of by tipping. At most sites controlled tipping is practised and at two sites pulverisation plant is installed. Those tips which are subject to approval and control under the *Town and Country Planning Acts* are visited by the County Environmental Health Inspector to ensure that conditions of approval are adhered to.

The Health Committee's attention was drawn to the unsatisfactory state of a tip operated by a seaboard urban authority where extensive areas of crude refuse had been left exposed to become infested with flies and rats and an attraction to thousands of birds. The district authority maintained that their problems were the acquisition and cost of transporting cover soil to the tip and delay in obtaining approval to its extension. At the time of the complaint about two thousand cubic yards of soil were required to cover the exposed refuse. It was not surprising therefore that the planning authority delayed its decision to approve an extension of the tip when the existing area was in such an insanitary state. These circumstances do not necessarily reflect adversely on those responsible for the operation of the tip but they nevertheless indicate that the financial resources available to a small authority are frequently insufficient to meet the cost of proper refuse disposal – a sound reason for arranging refuse disposal on a regional rather than a district authority basis.

The working party formed in 1969 to resolve the future of refuse disposal from Chichester City, Chichester Rural District and Bognor Regis Urban District concluded its business in 1970; as a result, a central pulverisation plant and disposal area is to be provided at Westhampnett.

A report was received from a nearby seaboard county authority that some ships leaving its ports occasionally carried industrial toxic and other waste material for disposal at sea. As disposal areas are not designated, there was concern at the possibility of indiscriminate dumping taking place in coastal or other shallow waters which might lead to the pollution of beaches and the destruction of marine life. Enquiries made of the port health inspectorate along the Sussex and Hampshire coasts showed that no organised arrangements for such disposal were made through local ports. Considerable quantities of general refuse (such as plastic cups and beer cans) are however frequently washed up on beaches adjacent to the Solent, including Selsey Bill. Some of this refuse is undoubtedly thrown overboard

from small yachts and dinghies but, when considerable quantities of such material flow in on the tide, it is more likely that large cargo and passenger-carrying vessels plying from Southampton are to blame.

Lay-By Sanitation and Picnic Areas

The Coast and Countryside Act 1968 empowers county councils to develop amenity areas in the countryside with financial aid from the central government. This useful enactment allows an authority to develop proper service facilities, such as car parks and toilets, where people congregate in their leisure hours; the toilet facilities can also serve the needs of travellers. The first lay-by and picnic area to be opened in the County, at Whiteways Lodge, near Arundel, continued to attract considerable numbers of people and the Elsan sewage system toilet block erected on the site satisfactorily served the needs of upwards of 2,000 persons a day at the height of the holiday season. Originally there were no hand-washing facilities owing to the absence of a piped water supply but this was overcome by the installation of a recirculatory unit which provides a medicated handrinse and leaves the hands clean and germfree. The unit was developed by the County Environmental Health Inspector in association with a water engineering company and Elsan Sewage Systems Limited. The recirculation system includes filtration and chemical treatment of the rinse water. Hot-air hand dryers are installed.

Caravans and Gypsies

In accordance with the requirements of Part II of the *Caravan Sites Act 1968* the Council advised the central government that, having evaluated the problem in West Sussex, the caravan sites located at Slinfold and Tangmere were adequate for those gypsy families residing in the area at the time of the initial survey.

In common with other pleasantly-situated counties, West Sussex has its fair share of holiday caravan sites. Demands for better facilities can only be met by more financial investment by caravan-site owners; if the development of first-class sites such as are found in some parts of Europe is to be encouraged, it is essential that no unduly restrictive planning consents are imposed either on periods of approval or on permitted types of structure.

Atmospheric Pollution

West Sussex is fortunate in being an area without air pollution problems other than those which are occasionally caused locally by specific industries or processes. Even so, over the past 10 years some improvement has been made, possibly by less carboniferous fuel being burnt. The records of the Warren Spring Laboratory for smoke in south-eastern England show a considerable improvement over the period 1965 to 1970. Comparative figures for West Sussex are less dramatic and it is unlikely that there will be much further change unless natural gas or electricity services are further extended and replace other types of fuel-burning equipment.

The air pollution survey station at Rogate maintained by the Department for the past six years on behalf of the Warren Spring Laboratory continued to monitor daily deposits of carbon and sulphur dioxide.

As a result of a survey carried out by the County Environmental Health Inspector, an improved air-extraction system was installed in the part of County Hall which accommodates the Printing Department; at the same time noise was reduced. The survey showed that ammonia fumes could occasionally become concentrated and that this could possibly be toxic to staff working in the atmosphere for long periods.

The number of complaints received regarding noise again increased, indicating not only that this is a growing problem but also that people are becoming conscious of their right to demand protection. The sound-level meter owned by the Department was again widely used by district public health inspectors.

The County Environmental Health Inspector carried out several noise surveys for the County Planning Officer and the County Architect. One of these related to existing and projected background noise levels in the area chosen for a new courthouse to be built at Horsham; another was concerned with the effect of the Shoreham-by-Sea By-Pass on existing and possible new residential development in the area.

Supervision of Milk Supplies

Whilst the *Food and Drugs Act 1955* places the responsibility for the control of designated milk with the food and drugs authority (in this case the West Sussex County Council), supervision of retail services continued as a joint arrangement between field officers of the County and district health departments. The system avoids duplication of activities and has allowed the officers of the Council to concentrate their efforts on the sampling of milk from farms for the purpose of isolating *brucella*.

The joint sampling arrangements carried out by the county environmental health inspectorate and Consumer Protection Department continued to work satisfactorily; they were fully described in the last Report.

A total of 2,808 samples were procured for public health purposes (1,758 of untreated milk and 1,050 of heat-treated milk) and were submitted to the public health laboratory for examination. Of these, 726 samples were from individual cows on farms where previous bulk milk samples had indicated the presence of *brucella* in the herd.

Licences

All licences issued under the *Milk (Special Designation) Regulations 1963* became invalid on 31st December, 1970. The procedure of relicensing all premises was completed and new licences to run from 1971 to 1975 were issued before the end of December. Producer licences are granted by the Minister of Agriculture, Fisheries and Food but a specific duty is laid upon the Council by Section 31 of the *Food and Drugs Act 1955* to administer the provisions designed to prevent the sale of tuberculous milk and milk from cows suffering from any infection of the udder likely to convey disease.

Brucellosis

Now that tuberculosis has almost been eradicated from all cattle in this country, efforts are centered on the eradication of brucellosis, an infection

which affects both human and animal health. The *brucella* organism, which causes abortion in cattle, produces an undulant fever in man. The infection, which is often masked by other disorders with similar clinical symptoms, exists in rural communities where there is close contact with cattle and where the consumption of untreated milk is common. Undulant fever is not a notifiable disease and it would help considerably if it were so. At the end of the year, 104 (10,893 animals) of the 657 (33,794 animals) dairy herds in West Sussex were accredited and a further 50 awaiting accreditation.

The efforts of the Department were concentrated on the isolation of *brucella* in herds at present outside the Ministry's scheme. Details of all laboratory examinations continued to be lodged with the Animal Health Division of the Ministry in order that their divisional veterinary officers could be made aware of any animal infection revealed by the sampling procedures. This assisted the divisional veterinary officers in their evaluation of herds likely to enter the accredited herds scheme and acted as a further check on work carried out by the Ministry's sampling officers. Fewer individual cow samples were procured than in the previous year (1,758 compared with 3,414) as there was increasing resistance amongst farmers to sending animals found infected with *brucella* for slaughter; they are hoping for an early compensation policy to be introduced by the central government. Of the 1,758 samples submitted for the milk ring test, 45 bulk milk and 170 individual cow samples gave positive ring test recordings. Further examinations showed 91 animals to be infected; of these, many may well have been sold on the open market so possibly passing the infection on to herds free of the disease. Until the government impose a sound slaughter policy in respect of infected animals, eradication will remain almost impossible to attain.

Salmonellosis

For some time now the public health services have been aware of an increase in the prevalence of *salmonella* organisms in the environment. *Salmonellae* are by far the most prevalent organisms causing food poisoning in this and other countries. Large reservoirs of infection are building up in animal communities and this is due in part to the use of imported animal foodstuffs which carry the infection. In fact it may now prove to be impossible to clear infection from some farms unless there is a considerable reduction in the virulence of the strains of organism involved. This situation throws a special responsibility on the environmental health services to break the chain of infection in food supplies by ensuring adequate inspection and processing of food, together with high standards of food hygiene in catering and other food establishments.

The member states of the Council of Europe, which include the United Kingdom, have agreed to intensify and coordinate action by their health and hygiene services in order to combat salmonellosis. They have also decided to base their surveillance regulations on the following general principles.

General Principles for the Surveillance of Salmonellosis

1 In every State one *salmonella*-typing centre for reference by all laboratories within that country should be available. This centre should have provision for comprehensive

typing service for the major serotypes. *Salmonella*-typing centres should provide serotype information for epidemiological studies of cases of salmonellosis and for national surveillance programmes.

2 In order to shorten the time between the appearance of the disease and its reporting to public health authorities, special provisions should be developed. A more consistent reporting of all isolates should be encouraged, regardless of where the isolation is performed. All *salmonellae* isolated from man, animal, or other sources (foods or feeds), whether identified as to serotype or not, should be reported to the appropriate local public health department, which should in turn routinely report to the State public health department.

3 Where salmonellosis occurs, increased efforts should be given to initiating investigations of episodes (selected single isolations, family outbreaks, epidemics), as soon as possible after onset. Assistance of epidemiologists, food hygienists, veterinarians, sanitarians and laboratory facilities should be provided, wherever not available. The results of these investigations should be reported in detail to the appropriate local and national agencies.

4 The competent bodies of each State should encourage research in order to increase understanding of:

(*a*) the nature and occurrence of *salmonella* infections in man and animals;

(*b*) the modes of transmission;

(*c*) the relative pathogenicity of different serotypes, including strain differences; and

(*d*) the factors that affect host susceptibility.

Research should also be encouraged to explore the feasibility of immunisation against *salmonella* infections other than typhoid fever.

In support of the Council of Europe resolution, arrangements have been made with the Director of the Public Health Laboratory at Brighton to receive during 1971 some 400 routine samples of milk from dairy farms in West Sussex; these may give some indication of the prevalence of *salmonellae* on these farms.

Inhibitory Substances in Milk

The report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee (1963)* drew attention to the possible health hazard where milk containing traces of antibiotics was consumed by persons hypersensitive to such substances. In addition, there is no doubt that the widespread and indiscriminate use of antibiotics has induced the resistance of pathogenic organisms to these substances. This was acknowledged by the Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicine (1969)† who recommended a reduction in or stricter use of certain antibiotics in the animal husbandry and veterinary field. The Committee also considered that more attention should

---

* Ministry of Agriculture, Fisheries and Food. Antibiotics in Milk in Great Britain. Report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee. London. H.M.S.O.

† Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicine. Cmnd. 4190. London. H.M.S.O.

be paid to other possible ways of modifying the environmental microflora of animals and suggested that research should be undertaken into the consequences (including economic consequences) of influencing the bacterial environment by higher standards of hygiene and other means.

A total of 1,434 samples of farm milk (281 more than in 1969) were examined for the presence of inhibitory substances; 10 samples were found to be contaminated. Investigations at the farms concerned showed that in all instances failure to withhold milk from the supply following treatment with intramammary preparations was the cause of contamination. Warning letters were issued and in all but one instance repeat sampling showed the supplies to be clear.

Heat-treated Milk

The Council license pasteurising plants in accordance with the *Food and Drugs Act 1955*. New licences were issued in respect of four plants for the five-year period from 1971 to 1975.

Samples of heat-treated milk procured from pasteurising plants numbered 546; all conformed with the phosphatase test, indicating adequate heat treatment, and all but three (which were declared void) conformed to the methylene blue test. Samples of heat-treated milk collected at dairy depôts and retail outlets totalled 504. All conformed with the phosphatase test and one failed the methylene blue test; seven samples were declared void as the ambient air temperatures were in excess of 70°F at the time of examination.

Of 143 samples of bottled, untreated milk collected from dairies and depôts, two failed the methylene blue test and two were declared void. Of 181 samples of untreated milk collected from producer/retailers, two failed the methylene blue test.

The methylene blue test is an examination designed to assess the keeping quality of milk. The results recorded above indicate that milk supplies during the period under review were of a high standard of keeping quality; they also indicate a satisfactory standard of dairy hygiene from the time the milk leaves the cow until it is delivered to the customer.

Bottle-washing at Dairies

New bottle-washing equipment was installed at one processing plant. The conveyor system which carries the cleaned bottles to the bottle filler has an automatic photo-electric scanning device which identifies any foreign body which might be present and arrests the bottle concerned. In this way it is hoped to prevent any bottle of milk leaving the dairy containing foreign matter.

With the increase of automation in milk-packaging where returnable containers (i.e. the familiar milk bottle) are used, the danger of foreign

matter (which often adheres firmly to the glass) being present when the bottle is refilled is increased. Even the best bottle-washing equipment is sometimes incapable of removing some of the debris present. Where has this debris come from? Anyone who has stood on the dock at a dairy and seen the state in which some customers' bottles are returned must feel ashamed of society's standards of home and canteen hygiene. For many years dairies have asked customers to rinse bottles before returning them to the dairyman, yet bottles are repeatedly returned slimy with sour milk, green with algae, containing oils, cement, leaves, slugs or the body of a bloated rat or mouse. This is unfair to the dairy company who are under a legal duty to produce a bottle of pure milk. With the best effort and the most advanced equipment, it is still possible for an occasional bottle to reach the customer containing some foreign matter – with the consequence that the dairy company stands to be prosecuted. It is not always appreciated by the courts that there is a large customer-responsibility in this matter which should be taken into account in judging the defendant. The processing dairy industry is one of the most responsible industries in our society and it is unfair that it should have to bear the consequences of the misdemeanours of those whom it serves. Until the time comes when non-returnable containers are in universal use (and there is customer prejudice against the milk carton to be overcome), the problem of foreign matter in milk will remain.

Of 270 empty, cleansed milk bottles submitted to the laboratory for bacteriological examination 236 proved satisfactory and, of the remainder, 10 were declared void owing to a failure of laboratory equipment at the time of examination. Where unsatisfactory results were obtained, dairy equipment was checked and further samples collected.

All five water samples collected from dairy mains and private supplies were bacteriologically pure.

The Food Hygiene (General) Regulations 1970

The *Food Hygiene (General) Regulations 1970*, which repealed the 1960 regulations, extended the area of control to include several rural food industries which previously had received scant attention. It is common to associate hygienic control of food with imports at docks, crowded town restuarants, shops and factory canteens. The importance of rural industries is less evident. For certain purposes, farm-packing industries, such as egg-packing stations, fruit and vegetable storage and packaging, now come within the scope of the law. Another much-needed control was the further restriction placed on the sale of 'open' pet foods, such as knacker meat in food shops; nevertheless the risk of cross-infection will remain until there is a complete ban on the sale of 'open' pet foods from any shop retailing food for human consumption.

Housing

The table on page 67, compiled from information made available by the central government, gives details of the numbers of houses built and of those demolished and closed in the various districts of the County.

Area	Estimated population mid-1970 ('000s)	Dwellings in tenders approved but not started	Dwellings started				Dwellings under construction at end of period				Dwellings completed				Houses demolished in clearance areas and unfit houses demolished or closed elsewhere	
		Local authorities	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Clearance areas	Elsewhere
West Sussex	**481·3**	**457**	**1,387**	**114**	**2,917**	**4,418**	**1,614**	**155**	**3,060**	**4,829**	**741**	**39**	**2,626**	**3,406**	**115**	**64**
Boroughs																
Arundel .	3·0	—	14	—	8	22	14	—	5	19	—	—	3	3	—	—
Chichester .	21·2	—	134	—	56	190	124	—	119	243	109	—	77	186	—	4
Worthing .	84·1	—	74	36	604	714	100	36	510	646	57	—	434	491	—	8
Urban Districts																
Bognor Regis	32·4	—	12	—	206	218	46	—	240	286	27	—	136	163	76	14
Crawley .	67·2	324	196	48	233	477	281	88	178	547	176	39	272	487	—	4
Horsham .	27·0	—	105	—	46	151	105	—	31	136	22	—	60	82	—	—
Littlehampton	18·8	40	47	—	253	300	25	—	253	278	56	—	161	217	—	—
Shoreham-by-Sea .	18·6	—	23	—	256	279	23	—	370	393	—	—	152	152	39	—
Southwick .	11·5	—	31	—	6	37	18	—	6	24	13	—	3	16	—	—
Rural Districts																
Chanctonbury	27·0	—	12	—	109	121	12	—	160	172	44	—	133	177	—	4
Chichester .	61·5	42	140	—	499	639	114	1	557	672	59	—	623	682	—	12
Horsham .	29·6	—	6	30	280	316	6	30	255	291	35	—	159	194	—	11
Midhurst .	19·9	14	64	—	127	191	70	—	121	191	—	—	97	97	—	5
Petworth .	11·2	—	45	—	38	83	45	—	141	186	—	—	68	68	—	2
Worthing .	48·3	31	204	—	196	400	184	—	114	298	75	—	248	323	—	—
New Town																
Crawley .	—	6	280	—	*55	335	447	—	*64	511	68	—	*181	249	—	—

* These figures are also included in those of Crawley Urban District.

PART X—SCHOOL HEALTH SERVICE

Statistics

Child Population

The following table shows the variation in the child population since last year.

	1969	1970	Variation
Children under 1 year	6,280	5,950	– 330
1 to 4 years	28,020	27,750	– 270
Total under 5 years	34,300	33,700	– 600
5 to 14 years	70,100	72,200	2,100
Total under 15 years	104,400	105,900	1,500

School Population

In January, 1971 there were 74,161 children on the rolls of maintained schools in the County, an increase of 2,295 on the figure for last year. The numbers of children in the various types of maintained schools in the County during the past two years are shown in the table which follows.

Type of School	*Number of schools*		*Number on roll*	
	1969	1970	1969	1970
Nursery	4	4	300	294
Primary	176	151	41,765	39,161
First	—	27	—	3,299
Middle	1	5	244	1,662
Secondary: Grammar	7	7	4,526	4,533
Comprehensive	13	12	14,739	15,720
Modern	17	15	9,741	8,956
Special	5	5	551	536
TOTALS	223	226	71,866	74,161

Medical Inspection

Periodic Inspections

The arrangements made for the full medical examination of children as soon as possible after they start school, in their last year at primary school

and in their last year of compulsory school life were continued during 1970. In the four secondary schools where examination of leavers is based on selection, 790 of the children who were interviewed by departmental medical officers did not require medical examinations.

The experimental scheme for the pre-school examination of children in their practice, by a partnership of general practitioners began in February, 1970. By the end of the year, 146 children had been examined. The children were seen at the surgery by appointment and the health visitors attached to the practice, who were present during the examinations, were in touch with the local school to which most of the children were admitted. The scheme will continue and will be modified where experience shows a need.

The numbers of children examined and re-examined during the past two years are shown below.

Type of examination	1969	1970
Entrants	7,028	6,913
Other periodic examinations (Children aged 10–11 years or those who had not been previously examined in this age group)	6,559	7,191
Leavers	4,667	4,259
TOTALS	18,254	18,363
Special examinations	92	126
Re-examinations	8,557	7,773
TOTALS	26,903	26,262

General Physical Condition

The general physical condition of children was good. Of the 18,363 examined at periodic medical inspections, 18 (0·1 per cent) were considered by departmental officers to be of unsatisfactory physical condition. This compares with 22 children (0·1 per cent) placed in this category in 1969. Twelve of the 18 children were classified as unsatisfactory because of obesity.

Personal Hygiene

During the year, 53,777 individual hygiene examinations were carried out in schools and 280 children were found to have vermin in their hair. Of this number, 141 were in the Borough of Worthing and 139 in the rest of the County. The corresponding figures for 1969 were 16 in Worthing and 104 in the rest of the County.

In the autumn term, reports were received from health visitors in various parts of the County expressing doubts about the continued efficacy of the preparations used to treat head infestation. The suggestion was made that the present generation of head lice had become resistant to the recognised insecticides. In the absence of any advertising of 'a new, improved preparation containing the secret ingredient guaranteed to cope with super-

louse' it was necessary to consider the best use of the existing and well-tried insecticides. It was suggested that too thorough rinsing after using shampoo or lotion could remove the active ingredient and that care should be taken to ensure that some of the preparation used remained on the hair.

The following table shows the number of children found to have vermin in their heads in each of the last ten years.

Year	*Total number of individual examinations*	*Total number of individual children found to be infested*
1961	53,936	104
1962	36,431	61
1963	51,795	92
1964	56,028	75
1965	58,908	146
1966	55,072	87
1967	37,962	53
1968	50,482	92
1969	42,558	120
1970	53,777	280

Medical Treatment

Statistics

Details of the numbers of children examined and of the numbers and types of defects found are shown in the tables on pages 78 and 79.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year have been compared with the figures for 1969.

Age group	*Number of children examined*		*Number found to require treatment*		*Percentage found to require treatment*			
					West Sussex		*England and Wales*	
	1969	1970	1969	1970	1969	1970	1969	1970
Entrants .	7,028	6,913	528	479	7·5	6·9	15·5	*
Other periodic inspections .	6,559	7,191	523	535	7·9	7·4		
Leavers .	4,667	4,259	468	286	10·0	6·7		
TOTALS .	18,254	18,363	1,519	1,300	8·3	7·0		

* Not available.

Eye Clinics

Eye clinics for children continued to be held in nine centres in the County. In December, 1970 the eye clinic previously held in Chichester health clinic

was integrated into the new out-patients' department at the Royal West Sussex Hospital, St. Richard's.

The number of children examined at the eye clinics during the year was 2,727 an increase of 146 on the figure for 1969. The number of examinations was 4,033 compared with 3,849 in the previous year.

Of the 1,021 pairs of spectacles known to have been prescribed for children during the year, 980 pairs were prescribed at school eye clinics. This was 34 pairs less than in 1969.

Twenty-six school children and 35 children under school age were known to have received operative treatment for squint.

Orthoptists treated 586 children, 46 more than in 1969.

Orthopaedic Clinics

The arrangements made with the South West Metropolitan Regional Hospital Board for an orthopaedic clinic for children to be held in the Chichester health clinic ceased in December, 1970 when the clinic was transferred to the new out-patients' department at the Royal West Sussex Hospital, St. Richard's.

The number of children attending that clinic decreased from 388 (including 166 under school age) in 1969 to 265 (including 96 under school age) in 1970. Physiotherapists treated 251 children (including 79 under school age), 194 fewer than in 1969.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 57 boys and 23 girls. The reports showed that complete or partial improvement was achieved by 35 boys and 15 girls.

Convalescence

During the year, short-term convalescence was provided for 17 children in accordance with the provision of Section 48(3) of the *Education Act 1944*. This was three fewer than in 1969.

Speech Therapy

During the year, speech therapists treated 567 children and 879 were seen 'for observation'. The corresponding figures for 1969 were 572 and 733 respectively. Detailed information is shown in the table on page 72.

Miss M. G. A. McCombie, senior speech therapist, has supplied the following comments.

'As staff came and went during the year, so gaps inevitably occurred in the service. For much of the year the Bognor Regis, Littlehampton and Midhurst areas had no therapist. On the credit side, however, the service improved in Crawley and in some of the rural areas.

While gaps are to be deplored, they do show up very clearly where there is real concern for children with speech problems, and requests from areas where there is no therapist are met whenever possible.

For some years now, the therapists have worked mainly in schools, but this system depends upon suitable conditions and these are increasingly less so. Where there is real interest and concern an effort will always be made to provide some quiet space; but sometimes there just is none to be provided.

For this reason, sessions at the new health centres, where the therapist has a

SPEECH THERAPY

Area	*Defect or disorder of speech*								*New cases*	*Number discharged during the year*	*Waiting list at 31.12.70*
	Articulation	*Language*	*Fluency*	*Voice*	*Associated with cerebral palsy*	*Associated with cleft palate*	*Total number of children*	*Total attendances*			
Bognor Regis	72 (30)	14 (5)	15 (11)	1 (1)	— (—)	1 (1)	103 (48)	523 (79)	21	18	*
Chichester	252 (154)	23 (10)	35 (23)	3 (2)	5 (3)	7 (3)	325 (195)	2,795 (455)	101	113	20
Crawley	122 (29)	36 (13)	11 (3)	— (—)	6 (—)	2 (—)	177 (45)	1,347 (109)	69	36	65
Horsham	121 (97)	52 (36)	21 (19)	4 (3)	3 (3)	2 (—)	203 (158)	787 (271)	62	53	*
Lancing	45 (33)	16 (8)	7 (7)	1 (1)	— (—)	1 (1)	70 (50)	210 (155)	40	39	5
Littlehampton	70 (46)	6 (4)	5 (4)	— (—)	— (—)	1 (—)	82 (54)	402 (117)	16	17	*
Midhurst	30 (19)	3 (1)	6 (6)	— (—)	— (—)	— (—)	39 (26)	108 (72)	12	2	*
Petworth	120 (74)	5 (2)	9 (4)	2 (2)	— (—)	2 (—)	138 (82)	395 (193)	50	55	8
Shoreham-by-Sea	65 (45)	24 (15)	11 (6)	2 (1)	— (—)	2 (—)	104 (67)	479 (113)	36	24	12
Worthing	155 (125)	18 (12)	19 (13)	1 (1)	9 (3)	3 (—)	205 (154)	997 (307)	41	49	10
TOTALS	1,052 (652)	197 (106)	139 (96)	14 (11)	23 (9)	21 (5)	1,446 (879)	8,043(1,871)	448	406	120

Note: The unbracketed figures indicate the numbers of children treated; bracketed figures show the numbers under observation and are included in the total.

*None kept; limited service available owing to shortage of staffs.

comfortable well-equipped room for her sole use, are now replacing school sessions to some extent. Regular school contact will always be an essential part of speech therapy, even if treatment sessions can only be offered when suitable space is available.

Improvements in the service continue with each year and, although staff are always thin on the ground and always hard-pressed, as the standard of their working conditions and equipment improves so the best use is made of their number. At meetings during the year, the therapists welcomed Dr. A. Robinson, Consultant Paediatrician, and Mr. D. Labon, Senior Educational Psychologist, and enjoyed two most useful discussions.'

Handicapped Pupils

Ascertainment

During the year, school medical officers carried out 382 examinations of children known or thought to have some physical or mental impairment. A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing admission to special schools or boarding homes during 1970, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 74.

Child Guidance

The work of the four clinics continued along the lines described in previous editions of the Report. A statistical summary of their activities is given below.

		1969	1970
1.	REFERRAL		
	Number of children referred by:		
(*a*)	School Medical Officers	62	41
(*b*)	Courts and Probation Officers	18	23
(*c*)	Parents and others	242	260
(*d*)	Boarding schools and hostels	1	—
(*e*)	General practitioners	222	218
(*f*)	Children's Department	37	45
(*g*)	Educational psychologists	83	73
(*h*)	Other Child Guidance Clinics	10	4
(*i*)	Brought forward from previous year (awaiting investigation on 1st January)	131	106
	TOTALS	806	770
2.	INVESTIGATION		
	Number of children investigated during the year and found to be:		
(*a*)	In need of child guidance help	469	478
(*b*)	Educationally sub-normal	8	9
(*c*)	Unsuitable for education at school	—	1
(*d*)	Not in need of child guidance help	78	53
(*e*)	Withdrawn before investigation	145	140
(*f*)	Awaiting investigation on 31st December	106	89
	TOTALS	806	770
3.	TREATMENT		
	Number of children:		
(*a*)	Receiving help on 1st January	668	889
(*b*)	Receiving help at 31st December	889	948
4.	CLINIC ATTENDANCES AND HOME VISITS		
(*a*)	Number of attendances at clinics during the year	6,984	6,166
(*b*)	Number of homes visited during the year	1,291	1,390

HANDICAPPED PUPILS

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Hearing*		(5) *Physically Handicapped* (6) *Delicate*		(7) *Maladjusted* (8) *Educationally Sub-normal*		(9) *Epileptic* (10) *Speech Defects*		TOTALS
IN THE CALENDAR YEAR: Handicapped pupils	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)–(10)
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	2	3	5	5	6	14	22	51	1	—	109
B. (i) Included at A above and newly placed in special schools or boarding homes	2	3	2	3	3	6	10	34	1	—	64
(ii) Assessed prior to January, 1970 and newly placed in special schools or boarding homes	—	—	2	1	4	8	10	41	—	1	67
TOTAL (B (i) and B (ii))	2	3	4	4	7	14	20	75	1	1	131
AS AT 22ND JANUARY, 1971 C. Number requiring places in special schools (*a*) day	—	—	—	—	—	—	—	34	—	—	34
(*b*) boarding	—	1	—	2	6	1	7	2	1	1	21
D. (i) Number on the registers of: (1) Maintained special schools as (*a*) day pupils	—	—	—	3	—	—	—	416	—	—	419
(*b*) boarding pupils	—	—	1	—	7	5	36	75	—	—	124
(2) Non-maintained special schools as (*a*) day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding pupils	7	9	3	9	13	18	8	2	—	1	70
TOTAL	7	9	4	12	20	23	44	493	—	1	613
(ii) Independent schools under arrangements made by the authority	—	—	15	12	8	4	14	2	—	—	55
TOTAL (D (i) and D (ii))	7	9	19	24	28	27	58	495	—	1	668
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	2	18	—	—	—	20
TOTAL (D (i), (ii) and (iii))	7	9	19	24	28	29	76	495	—	1	688
E. Number being educated under arrangements made in accordance with Section 56 of the *Education Act 1944* (i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	7	—	87	—	—	—	94
(iii) at home	—	4	—	—	6	3	6	—	—	—	19

Children found to be Unsuitable for Education at School

Two children were reported to the local health authority under Section 57(4) of the *Education Act 1944* as being unsuitable for education at school.

Report of the Principal School Dental Officer

Staff

Particulars of the staff employed are given in the table on page 88. During the year three whole-time dental officers resigned and three were appointed, including one new whole-time dental officer for Worthing Borough. This gave a whole-time equivalent of 9·98 dental officers at the end of the year.

Despite repeated advertisements, we were unable to reappoint whole-time dental officers for Horsham and Crawley, or a dental auxiliary to replace the dental hygienist who left early in 1969.

Inspection and Treatment

Statistics will be found on page 82. The resignation and reappointment of staff caused disruption to regular inspections and treatment, but despite this the amount of work done was comparable to that of 1969.

A total of 50,604 children received a first inspection at school and a further 6,970 received a second inspection. The inspection rate was 160 children per session. Of the 57,574 children inspected, 24,039 (41·7 per cent) were found to require treatment and 22,349 (93 per cent) were offered treatment. Courses of treatment completed numbered 7,333 and a further 822 courses were commenced during the year. This gave an acceptance rate of 37 per cent.

Although the total number of visits was less than last year, more patients had courses of treatment completed and more work was done for each patient in order to complete treatment; there were 2,233 more fillings in permanent teeth, and 526 more fillings in deciduous teeth.

Dental Health Education

A new venture was started during 1970. At each inspection in a junior and infant school each child who had not been inspected before was given a small present by the dental officer. This consisted of a toothbrush, a tube of toothpaste, and a tooth mug, along with a letter (from the Principal School Dental Officer) for the parents containing a short message about the importance of good dental health and the best way to achieve it. The children seemed delighted with the idea and many parents also expressed pleasure.

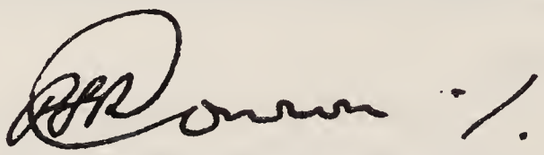
One of the basic rules of dental health, included in the letter and on many dental health pamphlets and posters, is 'Do not eat sweet, sticky things between meals'. I am most concerned therefore at the apparently diametrically opposed view held by the staff of those schools who actively seek to undermine this generally accepted opinion by selling these harmful foods to the children under their care between meals.

With costs of staff, equipment, drugs and services rising year by year, it is

surely our duty not only to work efficiently and economically but also to seek to reduce by all means possible the rising tide of dental decay.

Acknowledgments

Again my thanks are due to members of the Council and to my colleagues in the Health, Education and other Departments for their help and encouragement.



Principal School Dental Officer

Other Services

School Meals and Milk

The following information, obtained from the Director of Education, shows the numbers of children in maintained schools in the County who had school dinners and milk on a day in October, 1970 and is compared with similar information for 1969.

	1969	1970
Meals		
Number of children present on day selected	66,048	63,333
Number of school dinners served	49,124	50,289
Percentage taking dinners	74·3	73·5
Milk		
Number of children present on day selected	38,443	40,185
Number of children who received one-third pint of milk	34,267	35,768
Percentage of milk drinkers	89·1	89·0

The close liaison between the county environmental health inspectors and the schools meals service helped to maintain high standards of hygiene in school canteens. Considerable emphasis was placed on the educational aspects of this supervisory service and 13 senior cooks who entered for the Royal Society of Health's examination in Hygiene of Food Retailing and Catering qualified for the certificate.

The various in-service training courses run by the school meals service included sessions devoted to food hygiene.

The county environmental health inspectors continued to undertake regular inspections of meat consigned to school kitchens. Few complaints were received but where these arose the matters were dealt with on an informal basis to the satisfaction of all concerned.

School Hygiene and Sanitation

Following their visits to schools, the county environmental health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and other matters affecting the well-being of pupils and staff. The deficiencies were referred to the Director of Education with a view to remedial work being carried out as part of minor improvement programmes. A survey of the older schools is being undertaken and a report will be available in due course. There was greater use of scientific instruments in recording environmental data; these included light meters, electronic thermometers and a sound-level meter.

School Swimming Pools

The County Environmental Health Inspector advised on the installation of swimming pools at County schools.

The current policy is to install the least sophisticated equipment. having due regard to efficiency, thereby reducing maintenance costs and simplifying pool operation, a factor which is essential where unskilled staff are employed or staff changes occur frequently.

By arrangement with the Education and County Architect's Departments, the County Environmental Health Inspector was also responsible for supervising the operation of pools and for dealing with the many routine enquiries and maintenance problems that arose. A total of 201 enquiries and breakdowns were recorded during the swimming season; all were dealt with effectively and, wherever possible, within 24 hours of information being received.

All school swimming pools have been chlorinated with trichloroisocyanuric acid supplied in powder form and made up into seven-ounce psuedo-osmotic sachets. This system of packaging and application was accepted as an alternative to tablets of the same reagent as the product is of British manufacture and cheaper. The system has the important advantages to which reference was made in the last Report and has been readily accepted by unskilled caretakers and other school staff.

Four more pools were installed during the year, all at primary schools, bringing the total number of pools in County schools to 87. The distribution amongst the various types of establishment is shown in the next table. All pools have filtration and chlorination plant.

Type of School	*Open-air Pools*		*Indoor Pools*		Totals
	Unheated	*Heated*	*Unheated*	*Heated*	
Primary . .	64 (62)	5 (3)	2 (2)	1 (1)	72 (68)
Secondary . .	11 (11)	— (—)	— (—)	— (—)	11 (11)
Special . .	4 (4)	— (—)	— (—)	— (—)	4 (4)
Totals .	79 (77)	5 (3)	2 (2)	1 (1)	87 (83)

Note: The figures in brackets relate to 1969.

The County Environmental Health Inspector, who has a special interest in this subject, has been appointed to a Local Government Training Board working party and, with two other local government officers, is drafting manuals for the instruction of school swimming pool operators and technicians employed in the public baths service.

Health Education in Schools

The fact that health education should be an essential ingredient of an education system which aspires to prepare children for life is gradually becoming accepted. The number of teachers attempting to meet their responsibilities in this direction is increasing and their efforts are to be praised and encouraged. Co-ordination is required if individual skills are to be wisely and economically used and plans were made during the year to implement a scheme which will provide teachers with the necessary support for undertaking this sensitive and difficult task.

The advisory function of the Department remained important; factual

knowledge both of health problems and of the availability of suitable aids is a fundamental background to health teaching. As more schools introduce health education programmes, advice on specific aspects is being sought more frequently. The sexually-transmitted diseases are one topic where specialist help is required, both on the medical aspects and also on the place of the subject within the school syllabus. Teachers understandably experience initial difficulties and seek assistance.

Predictably the television programmes on sex education for primary schools stimulated much discussion. Parent-Teacher Associations throughout the County arranged meetings to talk about these films. They invited the health education staff to join them and good opportunities arose to discuss not only the film content, but also the whole subject of parent-child-school relationships with particular reference to respective roles in sex education.

Other subjects included in primary school health education programmes were smoking and health, first aid, hygiene, including the use of swimming pools, dental care and human biology.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1970

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

Periodic Medical Inspections

Age groups inspected (by year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*No. of pupils found not to warrant a medical examination*	*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition*	*Total individual pupils*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	161	161	—	—	5	9	14
1965	2,724	2,720	4	—	67	131	194
1964	3,472	3,466	6	—	90	152	239
1963	556	554	2	—	21	13	32
1962	318	318	—	—	24	6	30
1961	241	241	—	—	16	14	28
1960	1,214	1,211	3	—	31	37	66
1959	3,629	3,627	2	—	140	148	282
1958	1,789	1,789	—	—	75	54	129
1957	315	315	—	—	18	15	33
1956	1,008	1,008	—	—	28	17	45
1955 and earlier	2,936	2,935	1	790	134	76	208
Totals	18,363	18,345	18	790	649	672	1,300

Col. (3) total as a percentage of Col. (2) total . . . 99·90

Col. (4) total as a percentage of Col. (2) total . . . 0·10

Other Inspections

	1969	1970
Number of Special Inspections	92	126
Number of Re-inspections	8,557	7,773
TOTALS	8,649	7,899

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	*Defect or disease* (2)		*Periodic inspection*				*Special inspections* (7)
			Entrants (3)	*Leavers* (4)	*Others* (5)	TOTAL (6)	
4.	Skin	T	33	18	44	95	1
		O	155	73	144	372	2
5.	Eyes: (*a*) Vision	T	213	164	272	649	6
		O	765	376	553	1,694	4
	(*b*) Squint	T	28	3	9	40	—
		O	105	11	51	167	—
	(*c*) Other	T	3	—	7	10	—
		O	16	4	18	38	—
6.	Ears: (*a*) Hearing	T	40	5	31	76	1
		O	456	24	138	618	4
	(*b*) Otitis Media	T	7	3	4	14	—
		O	115	9	30	154	1
	(*c*) Other	T	1	—	4	5	2
		O	38	7	11	56	—
7.	Nose and Throat	T	31	8	19	58	1
		O	415	43	81	539	—
8.	Speech	T	46	2	15	63	1
		O	350	2	37	389	2
9.	Lymphatic Glands	T	2	—	—	2	—
		O	145	7	26	178	1
10.	Heart	T	9	2	10	21	—
		O	116	13	53	182	1
11.	Lungs	T	11	3	13	27	—
		O	141	31	79	251	4
12.	Developmental: (*a*) Hernia	T	2	—	—	2	—
		O	30	2	10	42	1
	(*b*) Other	T	10	3	25	38	—
		O	149	13	109	271	—
13.	Orthopaedic: (*a*) Posture	T	2	8	17	27	—
		O	28	22	43	93	1
	(*b*) Feet	T	27	4	30	61	1
		O	95	16	51	162	2
	(*c*) Other	T	20	9	17	46	—
		O	133	42	75	250	1
14.	Nervous System: (*a*) Epilepsy	T	2	3	—	5	—
		O	33	11	27	71	—
	(*b*) Other	T	1	2	2	5	—
		O	60	12	28	100	1
15.	Psychological: (*a*) Development	T	1	2	1	4	—
		O	127	12	64	203	1
	(*b*) Stability	T	1	3	3	7	—
		O	197	34	68	299	2
16.	Abdomen	T	1	1	6	8	1
		O	64	11	31	106	2
17.	Other	T	26	16	36	78	90
		O	88	54	107	249	—

T indicates number of pupils requiring treatment.
O indicates number of pupils requiring observation.

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	1969	1970
External and other, excluding errors of refraction and squint	30	8
Errors of refraction (including squint)	2,776	3,401
TOTALS	2,806	3,409
Number of pupils for whom spectacles were prescribed	1,066	1,021

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	1969	1970
Received operative treatment:—		
(*a*) For diseases of the ear	—	18
(*b*) For adenoids and chronic tonsillitis	126	186
(*c*) For other nose and throat conditions	9	—
Received other forms of treatment	47	12
TOTALS	182	216
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(*a*) In year	2	2
(*b*) In previous years	111	128

Orthopaedic and Postural Defects

	Number of cases known to have been treated	
	1969	1970
(*a*) Pupils treated at clinics or out-patients' departments	279	219
(*b*) Pupils treated at school for postural defects	29	—
TOTALS	308	219

Diseases of the Skin

	Number of cases known to have been treated	
	1969	1970
Ringworm: (*a*) Scalp	4	2
(*b*) Body	2	—
Scabies	12	14
Impetigo	21	9
Other skin diseases	305	141
TOTALS	344	166

Child Guidance Treatment

	Number of cases known to have been treated	
	1969	1970
Pupils treated at Child Guidance Clinics	889	948

Speech Therapy

	Number of cases known to have been treated	
	1969	1970
Pupils treated by speech therapist	572	567

Other Treatment Given

	Number of cases known to have been dealt with	
	1969	1970
(*a*) Pupils with minor ailments	346	267
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	20	17
(*c*) Pupils who received B.C.G. vaccination	5,170	5,410
(*d*) Other than (*a*), (*b*) and (*c*) above:		
Orthoptic	540	586
Enuresis (pad and bell alarms)	61	80
TOTAL (*a*)–(*d*)	6,137	6,360

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Attendances and Treatment	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	Totals
First visit	4,746	2,741	361	7,848
Subsequent visits	6,138	5,751	904	12,793
Total visits	10,884	8,492	1,265	20,641
Additional courses of treatment	395	363	64	822
Fillings in permanent teeth	3,644	8,294	1,449	13,387
Fillings in deciduous teeth	6,418	458	—	6,876
Permanent teeth filled	2,856	6,638	1,174	10,668
Deciduous teeth filled	5,601	408	—	6,009
Permanent teeth extracted	190	731	96	1,017
Deciduous teeth extracted	1,973	398	—	2,371
General anaesthetics	1,003	371	20	1,394
Emergencies	524	254	55	833
Number of pupils x-rayed				907
Prophylaxis				1,191
Teeth otherwise conserved				4,170
Number of teeth root filled				40
Inlays				3
Crowns				31
Courses of treatment completed				7,333

Orthodontics

Cases remaining from previous year	142
New cases commenced during year	141
Cases completed during year	112
Cases discontinued during year	16
No. of removable appliances fitted	199
No. of fixed appliances fitted	—
Pupils referred to hospital consultant	13

Prosthetics	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	Totals
Pupils supplied with F.U. or F.L. (first time)	—	1	—	1
Pupils supplied with other dentures (first time)	2	10	6	18
Number of dentures supplied	2	21	9	32

Anaesthetics General anaesthetics administered by dental officers . 765

Inspections

(*a*) First inspection at school – number of pupils	50,604
(*b*) First inspection at clinic – number of pupils	2,389
Number of (*a*) + (*b*) found to require treatment	21,453
Number of (*a*) + (*b*) offered treatment	19,763
(*c*) Pupils re-inspected at school clinic	6,970
Number of (*c*) found to require treatment	2,586

Sessions

Sessions devoted to treatment	3,085
Sessions devoted to inspection	355
Sessions devoted to dental health education	40

Appendix A

HEALTH COMMITTEE

(*at 31st December*, 1970)

County Council Members

	Sub-Committees‡		*Sub-Committees*‡
Mrs. B. G. Armstrong, j.p.	n, e	Mrs. E. Atkinson	n
Col. W. H. Blagden, c.b.e.	g	Mr. T. Boothman	g, e
Mr. H. Brinton	g	Mr. V. S. Cambridge	g
Mr. J. W. Chapman	g	Mrs. M. Cobby, o.b.e.	e, n
Mr. E. L. Dodd	g, e		
*Mr. E. J. F. Green, j.p. (*Chairman of the Finance Committee*)			
Mr. P. J. Healy			g
Mr. C. D. Herniman			n
Mr. C. C. Lansdall			g
Mr. W. D. Ledger			g
§Major-General H. M. Liardet, c.b., c.b.e., d.s.o., d.l. (*Chairman*)			Cn, Ce
Lady Mackintosh			n
*Sir Peter Mursell, m.b.e., d.l. (*Chairman of the County Council*)			
Mrs. P. B. P. Naunton, j.p.			g
Mr. A. E. Pegler			g
§Mr. W. G. S. Pope (*Vice-Chairman*)			Cg, e
Mrs. F. M. L. Richards			g
Mrs. N. B. M. Sharp			g
Mr. T. H. Siggs			g
Mr. J. M. Smith			n
Miss E. M. Ward			n
*Mr. J. E. Whittome, o.b.e., d.l. (*Vice-Chairman of the County Council*)			

Other Members

Miss V. R. M. Chapman	representing the West Sussex Branch of the Royal College of Nursing	n
Dr. Ivan Clout	representing the South West Metropolitan Regional Hospital Board	n
Miss E. J. Clunes	representing the West Sussex Branch of the Royal College of Midwives	n
Dr. W. S. Coltart	representing the West Sussex Branch of the British Medical Association	n
Mr. A. E. Dunning	representing Worthing Borough Council	n
Mrs. W. M. Frampton	representing Worthing Borough Council	n
Dr. T. H. Harrison	representing the Local Medical Committee for West Sussex	n
Mrs. R. I. Kinsella	representing the British Red Cross Society	g
Mrs. J. C. Patey	representing the Women's Royal Voluntary Service	n
Dr. H. Rosenberg, o.st.j.	representing the Executive Council for the County of West Sussex	n
H.R.H. Prince Tomislav of Yugoslavia	representing the Sussex Branch of the St. John Ambulance Brigade	g

Co-opted Members of Sub-Committees

Mrs. C. Morley-Fletcher		g
Dr. D. E. W. Anderson	Physician Superintendent, Royal Earlswood Hospital	g
Mrs. S. Evershed	representing Voluntary Organisations	g
Dr. J. P. Scrivener	Consultant Psychiatrist, Graylingwell Hospital	g
The Hon. Mrs. Wyatt	representing the West Sussex County Nursing Benevolent Fund	n

‡The symbols are explained at the foot of the next page.

EDUCATION COMMITTEE

(at 31st December, 1970)

County Council Members

	Sub-Committee
Mrs. B. G. Armstrong, J.P.	
Mrs. E. Atkinson	
Dr. H. M. Ayres, C.St.J.	s
Mr. D. S. W. Blacker	
Mr. H. Brinton	
Lady Brundrett	s
Mrs. E. M. Clarke	
Mr. K. G. Dunn	
†Mr. L. A. Foster (*Vice-Chairman*)	
Mrs. P. Foster	s
*Mr. E. J. F. Green, J.P. (*Chairman of the Finance Committee*)	
Mr. D. F. Hill	s
Mrs. M. Keogh Murphy	Cs
Mr. E. Kirkby-Bott	
Mr. T. W. Littlejohn	s
†Mr. R. Martin (*Chairman*)	
Mr. R. May	s
Lt. Cdr. M. G. Morris, D.S.C., R.D., R.N.R.	
*Sir Peter Mursell, M.B.E., D.L. (*Chairman of the County Council*)	
Mr. A. G. W. Penney, J.P.	
Mrs. D. M. Pennicott	s
Mrs. F. M. Richards	
Miss A. B. Robinson	s
Mrs. N. B. M. Sharp	
Mr. P. G. Shepherd	
Mr. A. A. Sheppard	s
Brig. L. L. Thwaytes, D.L.	
Mr. E. L. Walter	
*Mr. J. E. Whittome, O.B.E., D.L. (*Vice-Chairman of the County Council*)	
Mr. C. E. C. Woolley	

Other Members

Mr. F. J. Chapman	representing Worthing Committee for Education	
Mr. R. Edwards		s
Mr. S. C. Elliott		s
Mr. R. J. Harris, J.P.	representing Crawley Committee for Education	
Mr. M. J. Pudney		
Mr. A. E. Pegler		s
The Rev. Canon M. C. Langton	representing religious denominations	
The Rev. D. McCarthy		
The Rev. R. H. Smith		s
Mr. W. J. Hitchcock	representing teachers employed in schools maintained by the Local Education Authority	
Mr. F. Newby		s
Mr. D. Pay		s
Major-Gen. C. Lloyd, C.B., C.B.E., T.D.		
Mr. C. W. Tonkin		
Miss W. A. Waite		

* Ex-officio member of the Committee and of the Sub-Committee.
§ Ex-officio member of the Health Sub-Committees.
† Ex-officio member of the Special Services Sub-Committee.
C Chairman of Sub-Committee.
e Executive Sub-Committee.
g General Sub-Committee.
n Nursing Sub-Committee.
s Special Services Sub-Committee.

Appendix B

STAFF

(*at 31st December*, 1970)

County Medical Officer of Health and
Principal School Medical Officer:
T. McL. Galloway, M.D., F.R.C.P., D.P.H., DR.P.H.

Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer:
D. Wild, M.B., CH.B., D.OBST., R.C.O.G., D.P.H., D.M.A.

Principal Medical Officer:
D. G. H. Patey, T.D., M.A., B.M., B.CH., D.P.H.

Principal Administrative Officer:
J. Saunders, F.C.I.S.

Senior Medical Officer:
A. L. Bussey, M.B., B.S., L.R.C.P., M.R.C.S., D.OBST., R.C.O.G., M.R.C.G.P.

Medical Officers of the Department and School Medical Officers:
*J. C. Aitken, M.B., CH.B., D.P.H.
*Mai Barford, M.B., CH.B.
*Rosetta C. Barker, M.B., B.CH., B.A.O., D.P.H.
*D. Warren Browne, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.
*F. Cockcroft, M.A., M.R.C.S., L.R.C.P., D.P.H.
R. E. Garwood, M.B., B.S.
*V. P. Geoghegan, M.D., D.P.H.
*J. A. G. Graham, M.B., CH.B., D.P.H.
Christina A. Gunn, M.B., CH.B., D.P.H.
*Esther S. Kerr, M.A., M.B., B.CH., D.OBST., R.C.O.G.
A. Lowry, M.R.C.S., L.R.C.P., D.C.H.
*K. N. Mawson, M.B., CH.B., D.P.H.
Marjorie B. Morton, M.R.C.P., D.T.M., D.OBST., R.C.O.G.
Merle Newton, M.R.C.S., L.R.C.P., D.C.H.
*Barbara M. Towers, J.P., M.B., CH.B., M.R.C.S., L.R.C.P.
*Muriel G. Warren Browne, M.B., CH.B.

Chief Dental Officer and Principal School Dental Officer:
P. S. R. Conron, L.D.S.

Dental Surgeons:
J. M. Bain, L.D.S.
D. E. Gibbons, B.D.S.
Miss S. Island, B.D.S.
*Miss H. M. Phillips, L.D.S.
P. Turnbull, M.A., B.D.S.
N. A. Bostock, L.D.S.
J. B. Herington, L.D.S.
G. C. Kent, L.D.S.
J. A. W. Purnell, L.D.S.

Consultant Geriatric Physicians:
*R. B. Franks, M.R.C.S., M.R.C.P.
*J. N. Mickerson, M.D., F.R.C.P.

Consultant Ophthalmologists:
*N. Cridland, D.M., D.O. (OXON)
*H. B. Jacobs, F.R.C.S., D.O.M.S.
*A. Lytton, F.R.C.S., D.O.

Ophthalmologists:
*P. W. Arundell, M.R.C.S., L.R.C.P., D.O.M.S.
*S. Banerji, M.B.
*Vivien Bell, M.B., B.S., D.O.
*W. B. Heywood-Waddington, M.B., B.S.
*S. Chatterjee, M.B., B.S.

*Part-time

Consultant Psychiatrists:

*M. Aldridge, B.A., M.B., B.Ch., D.P.M.
*Kathleen B. Cobb, M.A., M.B., Ch.B., D.P.M.
*K. A. O'Keeffe, M.B., B.Ch., B.A.O., D.P.M.
*K. R. Masani, M.R.C.S., L.R.C.P., D.P.M.

County Environmental Health Inspector:

A. P. L. Wallis, F.A.P.H.I., M.I.P.H.E.

Assistant County Public Health Inspector:

G. R. Crowther, M.R.S.H., M.A.P.H.I.

County Ambulance Officer:

V. A. Glover, F.I.A.O.

Chief Nursing Officer:

Miss D. M. Smith, S.R.N., S.C.M., H.V.Cert.

Deputy Chief Nursing Officer:

Miss P. J. Lambert, S.R.N., S.C.M., M.T.D., H.V.Cert.

Area Nursing Officers:

Miss B. M. Golding, S.R.N., S.C.M., H.V.Cert.
Miss M. Nash, S.R.N., S.C.M., H.V.Cert.
Miss A. M. Ryder, S.R.N., S.C.M., M.T.D., H.V.Cert.

Deputy Area Nursing Officer:

Miss X. Webster, S.R.N., S.C.M., H.V.Cert.

Health Education Organiser:

Miss B. M. Jacob, S.R.N., S.C.M., H.V.Cert., D.M.A.

Assistant Health Education Organisers:

Miss V. K. Jones, S.R.N.
A. Y. Wheatley, A.C.P.

Senior County Almoner:

*Miss J. Gatehouse, B.A., A.I.M.S.W.

County Almoners:

Miss M. B. Flemons, A.I.M.S.W.
Miss E. Y. Jones, B.A., A.I.M.S.W.
Miss M. F. Weston, A.I.M.S.W.

Chief Chiropodist:

A. C. Campbell, S.R.N., M.Ch.S., S.R.Ch.

Senior Chiropodists:

F. A. Baker, M.Ch.S., S.R.Ch.
*Mrs. M. A. Donkin, M.Ch.S., S.R.Ch.
Miss J. M. Gregory, M.Ch.S., S.R.Ch.
C. G. Pearson, M.Ch.S., S.R.Ch.
C. T. Webb, M.Ch.S., S.R.Ch.
D. A. Collyer, M.Ch.S., S.R.Ch.
Mrs. E. Dromgoole, M.Ch.S., S.R.Ch.
Miss D. Malbon, M.Ch.S., S.R.Ch.
*S. F. Stefanski, M.Ch.S., S.R.Ch.

County Home Help Organiser:

Mrs. R. E. Gallup

Area Home Help Organisers:

Mrs. J. M. Burling
Mrs. M. Brown-Constable
Mrs. J. M. Plater

Senior Speech Therapist:

*Miss M. G. A. McCombie, L.C.S.T.

Speech Thearapists:

Mrs. C. A. Chalmers, L.C.S.T.
*Mrs. V. A. Ironside, L.C.S.T.
*Mrs. A. McAuliffe, L.C.S.T.
*Mrs. M. E. Smith, L.C.S.T.
*Mrs. J. M. Gibson, L.C.S.T.
*Mrs. A. J. Lewis, L.C.S.T.
*Mrs. E. A. Smith, L.C.S.T.

Head Psychiatric Social Worker:

Miss J. S. Parsons, A.A.P.S.W.

Psychiatric Social Workers:

Miss J. M. Henderson, B.A., A.A.P.S.W.
*Mrs. E. T. Rosselli, M.A.
J. M. Wallerstein, M.A., A.A.P.S.W.
*V. W. J. Robinson, A.A.P.S.W.
Miss F. P. Townsend, S.R.N., Dip.Soc.Science., D.S.A., A.A.P.S.W.

*Part-time

Other Child Guidance Staff:

*Miss A. Bowley, ph.d., f.b.ps.s.
*Mrs. D. P. Haig, dip. soc. science
*P. L. E. Gaisman
*Mrs. P. C. Staniforth

Senior Educational Psychologist:

D. Labon, b.sc., a.b.ps.s.

Educational Psychologists:

J. T. Acklaw, b.a., dip. ed. pysch.
R. L. Burden, b.a., dip. ed. psych. a.b.ps.s.
Miss S. Perry, b.a., m.ed.

Superintendent Mental Welfare Officer:

L. J. Ellis, a.c.i.s., m.r.i.p.h.h., m.s.m.w.o.

Senior Mental Welfare Officers:

A. D. Brandon, b.a., a.a.p.s.w.
L. O'Riordan, s.r.n., r.m.n., m.s.m.w.o.
D. B. Pearce, d.m.a., c.s.w.
G. S. Pople, m.i.s.w.
J. H. Preece, m.s.m.w.o.
P. W. Smallridge, c.s.w., a.a.p.s.w.

Mental Welfare Officers:

D. J. Collins, b.sc.econ.
Miss P. Dunning, m.s.m.w.o.
W. J. Ellis
Mrs. D. Fairbrother
Mrs. R. Ghom, dip. n.a.m.h., m.s.m.w.o.
D. H. Harnott, r.m.n.
P. J. Howlett
T. A. McHugh, r.m.n.
D. M. Miles
D. Mitchell, r.m.n.
Miss J. P. Newman, m.a.o.t.
K. T. Whitehouse, c.s.w.

Durrington Hostel:

Warden: W. H. Shales, r.m.n.
Matron: Mrs. M. L. Shales, s.e.n.

Rustington Hostel:

Superintendent:
V. K. Williams, r.n.m.s.

Matron:
Mrs. T. M. Williams, s.r.m., r.n.m.s.

Day Training Centres:
Head Teachers:

Fordwater: Mrs. M. I. Green, dip. n.a.m.h.
Crawley: Mrs. J. Roper, dip. n.a.m.h., dip.soc. studies
Durrington: Mrs. M. A. Clarke, dip. n.a.m.h.
Worthing: W. E. Stevens

Administrative Divisions:

	Senior Administrative Assistants	*Administrative Assistants*
General Services Division:	P. R. Thatcher, m.i.s.w. R. G. Barry, d.m.a.	L. Shaw, d.m.a. J. W. Smith, d.m.a.
Nursing Services Division:	J. E. Field	A. G. Pennicott, d.m.a.
School Health Services Division:	A. W. Gaskell	Mrs. J. C. Macey

*Part-time

Medical Officers of Health of District Councils:

Rosetta C. Barker, m.b., b.ch., b.a.o., d.p.h.	Chanctonbury Rural District Shoreham-by-Sea Urban District Southwick Urban District
D. Warren Browne, m.r.c.s., l.r.c.p., d.t.m. and h., d.p.h.	Bognor Regis Urban District City of Chichester
F. Cockcroft, m.a., m.r.c.s., l.r.c.p., d.p.h.	Littlehampton Urban District Worthing Rural District
V. P. Geoghegan, m.d., d.p.h.	Arundel Municipal Borough Chichester Rural District Midhurst Rural District
J. A. G. Graham, m.b., ch.b., d.p.h.	Worthing Municipal Borough
K. N. Mawson, m.b., ch.b., d.p.h.	Crawley Urban District (*temporary arrangement*) Horsham Urban District Horsham Rural District Petworth Rural District

STAFF: Categories and Numbers Employed

Category of staff	*Establishment* 30.9.70	*In post on 30th September*				
		Whole-time	*Part-time*	*Whole-time equivalent of Col.* (4)	*Total whole-time equivalent*	
					1969	1970
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Administrative and clerical:						
Central Office	59·8	51	11	7·8	57·8	58·8
Health Centres, Clinics, etc.	23·5	13	21	9·5	13·5	22·5
Ambulance operational staff	104·5	102	2	1·5	92·0	103·5
Chiropodists	15·1	13	1	0·1	12·3	13·1
Dentists	12·0	9	1	0·8	10·0	9·8
Dental hygienists	1·0	—	—	—	0·1	—
Dental surgery assistants	12·0	12	—	—	12·0	12·0
Doctors	16·6	10	28	5·7	15·6	15·7
Health education organiser and assistants	4·0	4	—	—	3·0	4·0
Home help organisers	13·5	10	7	3·5	11·5	13·5
Home helps	237·0	2	535	207·0	219·0	209·0
Manual and domestic, including cleaners at health centres, clinics, etc.	8·0	3	17	5·0	5·5	8·0
Mental health:						
Hostels, including domestic staff	22·5	10	24	8·9	19·8	18·9
Social workers, including trainees	24·3	21	1	0·3	21·3	21·3
Training centres, including staff on courses of training:						
Teachers and instructors	45·5	42	3	1·3	42·3	43·3
Other staff	18·4	3	32	15·3	17·3	18·3
Nursing and auxiliary:						
Administrative and supervisory nursing staff	6·0	6	—	—	5·0	6·0
Clinic assistants	17·0	14	4	2·0	12·5	16·0
Combined nursing appointments (all services; including relief staff)	31·0	29	5	2·0	30·0	31·0
Domiciliary midwives	20·0	20	—	—	19·0	20·0
Health visitors/school nurses	65·0	62	1	0·5	62·5	62·5
Home nurses S.R.N.	90·0	86	3	1·2	83·0	87·2
Home nurses S.E.N.	2·0	2	—	—	3·0	2·0
Nurse/midwives	14·0	14	—	—	17·0	14·0
Nursing auxiliaries	28·0	28	—	—	24·0	28·0
Other social workers:						
With relevant university or equivalent professional training	4·0	4	—	—	4·0	4·0
Physiotherapists	0·5	—	4	0·5	0·5	0·5
Public health inspectors and sampling officer	3·0	3	—	—	3·0	3·0
Speech therapists	5·3	1	7	2·8	5·3	3·8
Social workers and therapists in child guidance clinics	10·5	4	7	3·2	7·8	7·2
TOTALS	914·0	578	714	278·9	829·6	856·9

Appendix C

RESULTS AND COSTS OF A COMPUTER-ASSISTED IMMUNIZATION SCHEME

J. SAUNDERS, F.C.I.S.

Principal Administrative Officer,
West Sussex County Health Department, Chichester

The arrangements adopted in the West Sussex immunization scheme have already been described (Galloway, 1963; IBM United Kingdom Limited, 1966). From the details given on immunization consent forms (which are derived from birth notifications) the computer arranges appointments for child patients to attend clinics or general practitioners' surgeries, according to their parents' choice. For each clinic or general practitioner, the computer prints each month a list of patients due for a procedure and an appointment card addressed to the parents of each patient. For all clinic and some general practitioner appointments, the cards (posted direct to the patients from the County Health Department) give particulars of the dates and times of the appointments, which are normally arranged at the rate of 28 every 15 minutes. Three-fifths of the participating general practitioners (135 of a total of 222) prefer to do immunizations at their general surgeries during one week in any given month and to decide themselves how many patients should be invited to attend a particular surgery. To meet their wishes, the prepaid addressed appointment cards are sent to them so that they (or their staff) can fill in the dates and times when they wish their patients to attend. The first clinic arranged by the computer was held in Chichester in December 1962.

IMMUNITY INDICES

Before the introduction of the computer-assisted arrangements, the immunity indices in West Sussex were roughly the same as the national averages. The local indices have improved during the past six years and, by 1968, they exceeded those for England and Wales by between 16% (for diphtheria) and 47% (for smallpox) (Table I).

EXPENDITURE

Statistics of expenditure of local health authorities in England and Wales are published annually (usually in January for the previous financial year) by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers. These statistics record the expenditure incurred per 1,000 population on vaccination and immunization by each local health authority and they enable comparisons to be made with the average for England and Wales. Since the initial expenditure required to introduce the computer-assisted immunization scheme is now no longer required, the West Sussex figure has recently begun to fall, but the fact remains that, according to these statistics, the West Sussex costs were proportionately greater than the national average in each of the past seven years (Table II).

UNIT COSTS

The method of costing adopted by the Institute and the Society suggests that the West Sussex arrangements require above-average expenditure. It does not, however, take account of the fact that, in order to produce higher immunity rates, more protections per 1,000 population are now being done in West Sussex than in England and Wales as a whole. The cost-evaluation of this additional activity requires different treatment, such as a comparison of local and national unit costs. These can be calculated by dividing the total expenditure incurred in any year by the total number of protections carried out (Table III).

Reprinted (with permission) from British Journal of Preventive and Social Medicine (1970), **24,** 187-191

TABLE I

IMMUNITY INDICES

	Percentage of Children born in Preceding Calendar Year who were Vaccinated by End of Year Stated					
	1963	1964	1965	1966	1967	1968
Diphtheria						
England and Wales .	65	69	71	73	75	78
West Sussex . .	71	71	88	92	94	94
Whooping cough						
England and Wales .	64	72	70	72	74	76
West Sussex . .	71	71	88	92	93	93
Poliomyelitis						
England and Wales .	71	71	65	68	71	78
West Sussex . .	59	67	87	91	95	95
Tetanus						
England and Wales .	—	—	—	72	75	74
West Sussex . .	71	71	88	92	94	94
	Number Vaccinated under Age 2 as a Percentage of Live Births during Previous Year					
	1963	1964	1965	1966	1967	1968
Smallpox						
England and Wales .	17[1]	32	33	38	39	38
West Sussex . .	28[1]	57	76	83	81	85

[1] Low rate due to change in recommended age for vaccination from first to second year of life

TABLE II

EXPENDITURE PER 1,000 POPULATION

Year	England and Wales (all local health authorities)	West Sussex
	£ s.	£ s.
1962/63	32 12	43 3
1963/64	20 15	29 12
1964/65	19 19[1]	38 17
1965/66	20 16[1]	45 6
1966/67	22 5	43 10
1967/68	16 4	23 3
1968/69	17 4	19 18

[1] Average for all counties (excluding Greater London)

Tables II and III show the total expenditure incurred on equipment, tools and materials, printing, stationery and postage, local authority medical staff salaries, premises, miscellaneous expenditure and, as regards West Sussex, computer processing and programming. Neither table covers the whole cost of the immunization scheme either in England and Wales or in West Sussex. Three elements are omitted, namely the clerical costs incurred by local health authorities, by executive councils and by general practitioners. It is necessary to correct the crude unit costs given in Table III for each of these elements in order to arrive at the true unit costs.

LOCAL AUTHORITY CLERICAL COSTS

Three clerks are employed on the computer scheme in West Sussex at a total annual cost of approximately £3,000. This outlay covers the clerical cost of all completed procedures whether undertaken by general practitioners or at local authority clinics and, when applied to the 101,955 procedures carried out in 1968, amounts to 7d. for each procedure.

According to the Department of Health and Social Security, the comparable expenditure incurred by local health authorities in England and Wales in 1968/69 was £138,229. This amount was spent mainly on supporting the work undertaken not by general practitioners but at local authority clinics. The proportion of immunizations done at such clinics is not assessed nationally, but the records of 13 local health authorities (eight counties and five county boroughs) show that in those areas in 1968 it varied between 27 and 77% and averaged 45·4% of all procedures administered. If this percentage applied throughout England and Wales, 3,422,000 of the 7,538,000 procedures shown in Table III (line 4; column 3) were carried out at local authority clinics. If the cost of clerical support for 3,422,000 procedures was £138,229, the cost of one procedure was 10d., and this amount should be added to the crude unit cost of 4s. 0d. for England and Wales shown in Table III.

TABLE III

LOCAL AUTHORITY EXPENDITURE PER COMPLETED PROCEDURE

Year	*England and Wales*			*West Sussex*		
	Total Expenditure	*Procedures Completed*	*Unit Cost (per completed procedure)*	*Total Expenditure*	*Procedures Completed*	*Unit Cost (per completed procedure)*
1	2	3	4	5	6	7
	£		s. d.	£		s. d.
1965/66	1,273,000	6,441,000	3 11	20,139	78,980	5 1
1966/67	1,314,000	6,655,000	3 11	19,579	95,291	4 1
1967/68	1,079,000	7,083,000	3 1	10,556	82,560	2 7
1968/69	1,504,000[1]	7,538,000	4 0	14,844	101,955	2 11

[1] Provisional

EXECUTIVE COUNCIL CLERICAL COSTS

From 1 April 1967 the former Ministry of Health introduced a vaccination and immunization consent and record form (E.C.73) which general practitioners are required to complete in order to obtain vaccination and immunization payments from the executive councils. In the West Sussex scheme (with central government approval) general practitioners do not complete forms E.C.73 for persons vaccinated as a routine measure. They merely mark the appropriate column of a computer-produced clinic list and return the completed list to the County Health Department. The computer thereupon produces quarterly statements informing the Executive Council how much is due to general practitioners for the work they have carried out. In 1968 these arrangements overcame the need for general practitioners to complete 74,200 forms and, according to the Clerk of the Executive Council (Knighton, 1970), saved that Council the equivalent of one clerk, an estimated outlay of £900. In the areas of the 13 local health authorities referred to, 54·6% of all completed vaccination and immunization procedures were done by general practitioners. If this percentage applied in England and Wales, approximately 4,116,000 of the procedures shown in Table III (line 4; column 3) were carried out by general practitioners in 1968. If the cost to one executive council of handling 74,200 forms E.C.73 is £900, the cost to all executive councils of handling 4,116,000 forms is £49,925. This puts another 3d. on the unit cost of 4s. 0d. shown in Table III.

GENERAL PRACTITIONER CLERICAL COSTS

In his general practice, Newmark (1970) estimates that it takes about 25 minutes to complete 10 forms E.C.73. If this calculation is applied to the estimated 4,116,000 forms

completed by general practitioners in 1968, no fewer than 94 full-time clerks are required to do the work. If each is paid £900 a year, the total annual expenditure is £84,600 and this is equivalent to a further 5d. on the unit cost of 4s. 0d. shown in Table III.

The crude unit costs in 1968/69 for England and Wales and West Sussex may therefore be corrected to take account of the actual expenditure incurred on clerical work by local health authorities, by executive councils and by general practitioners (Table IV).

TABLE IV

CORRECTED UNIT COSTS: 1968/69

	England and Wales	*West Sussex*
	s. d.	s. d.
Crude unit cost (Table III)	4 0	2 11
Local authority clerical cost	10	7
Executive council clerical cost	3	—
General practitioner clerical cost	5	—
Corrected unit cost	5 6	3 6

COMPUTER SYSTEM-DESIGN AND TAKE-ON COSTS

The lower unit cost in West Sussex in 1968/69 compared with that in England and Wales has been established only after several years' experience of the computer-assisted arrangements. In order to produce the financial economies which are now demonstrable, expenditure had to be incurred on

(*a*) *the design of the computer system* (estimated at £5,000);

(*b*) *transferring manually-maintained records to computer storage*. Four additional staff (three clerks and a punch operator) were employed for a period of three years (1963/65) at a total annual cost at present levels of approximately £4,000; and

(*c*) *abortive machine time*. When the immunization records, particularly those kept by general practitioners, were transferred to computer storage, attention was drawn immediately to a considerable number of inaccuracies. The computer produced appointment cards for immunizations which parents said had already been given, and many cards were sent to people who had long since changed their home addresses. Inevitably, the computer was blamed for the mistakes which were made! The cost of this abortive machine time was about £1,800 annually for the three-year take-on period.

The total cost of the design of the computer system and of transferring to computer storage the manual records kept by general practitioners and clinics was therefore about £22,400; this was spread over a period of three years.

DISCUSSION

Experience in this study shows that the use of a computer in the management of a vaccination and immunization scheme for a child population of about 100,000 has resulted in a unit cost for each completed immunization procedure of 3s. 6d., which is 36·4% cheaper than the comparable unit cost for England and Wales (Table IV).

In order to produce this economy, additional expenditure of approximately £22,400 was required by the County Council to effect the transition from a manual to a computer system of working. If the present unit cost in West Sussex were the same as in England and Wales, the additional annual cost to the National Health Service of the county's immunization scheme would be £10,196 (101,955 × 2s.). The initial system-design and com-

puter take-on costs are therefore recoverable within about two years of the completion of the transitional period.

Apart from the item-of-service fees paid to general practitioners by executive councils, the total cost to the National Health Service (i.e., to local health authorities, executive councils and general practitioners) of vaccination and immunization throughout England and Wales would appear to be £2,072,950 (i.e., 5s. 6d. (Table IV) × 7,538,000 (Table III)). If the West Sussex arrangements were introduced nationally, the cost would be £1,319,150, a reduction of £753,800. In order to achieve this reduction (since the child population of England and Wales is 111 times greater than that of West Sussex) a national outlay of about £2,486,400 would be required. This could be reduced by about 22% if the same computer system were used throughout the country, or by a smaller percentage if groups of local health authorities cooperated in the establishment of their own systems. The initial development expenditure would in any case be recoverable in cheaper unit costs within two to three years after the introduction of the computer scheme had been completed, and there would thereafter be a continuing annual saving of about £750,000.

Since it would no longer be necessary to store millions of personal record cards, further reductions in expenditure would result from savings on office accommodation. During a period of continuing financial inflation, computer usage would, moreover, contribute to a less rapid growth in future expenditure because machine costs are likely to remain more stable than staff salaries.

A computer-assisted immunization scheme produces high levels of immunity (Table I). These result in fewer notifications of infectious disease and further financial economies brought about by fewer general practitioner consultations and fewer admissions to hospitals. It seems that a system has in fact been devised which will virtually eliminate disease for which there is an effective antigen from any literate community which has a reasonably efficient postal system. Few parents refuse to have their children protected if they are told individually and in plain language what is being offered and if, when a procedure is due, they receive a written invitation to keep a timed appointment at a service source (general practitioner or clinic) of their own choice. Since computers are capable of mopping up all routine clerical work, they are eminently suitable to do this work and, if programmed properly, their memory (unlike that of human beings) is infallible. This is illustrated by the smallpox vaccination rate in West Sussex compared with that in England and Wales (Table I). The recommended age for such vaccination is during the second year of life. Computers do not forget this. It seems that human beings do, and it is sad to reflect that one result of changing the recommended age was to depress the national acceptance rate from 48% in 1961 to 32% in 1964.

All children are brought within the computer scheme at birth or when their families move to West Sussex, and all have therefore an equal opportunity of taking part in the arrangements; their ability to resist preventable disease is not left to chance by depending, for example, upon their parents' response to public notices or to general invitations conveyed orally by doctors and nurses. With a scheme of this kind, conventional health education (posters, leaflets, lectures and discussions) aimed at persuading parents to have their children immunized can safely be abandoned, as it was in West Sussex some years ago with a further, though small, saving in cost. Few people react spontaneously to a message on a poster; fewer fail to reach a decision when faced personally with clear alternatives regarding their children's health and future welfare.

Vaccination and immunization schemes operate under a statutory authority which requires every local health authority to make arrangements for protection to be offered against certain diseases and these arrangements must give general practitioners the opportunity to participate. Before the computer scheme was started in West Sussex in 1962, such arrangements as did exist left the various participants to do the best they could with little, if any, administrative support. It was only after the introduction of central management and control of the scheme for the whole county that the immunity indices began to improve. This is not an argument for centralized control of all personal services, but it is an illustration of what can be achieved without loss of individual choice and professional independence. Parents remain entirely free to decide whether to accept a personal invitation to have their children protected against disease and, having accepted such an invitation, they remain equally free to decide whether the various procedures shall be carried out by their own doctor or at a local authority clinic. They are, however, relieved of the need to remember when these procedures shall be done; the computer sends them a reminder at the appropriate time. Similarly, the independence of the general practitioner remains undisturbed. He decides whether to take part in the local health authority's arrangements. Having decided to do so, it remains entirely up to him to administer the procedures either

during his ordinary surgery hours or during a set period each month when, with the help (if he decides he needs such help) of the local authority nursing staff attached to his practice, he will immunize all patients on his list who are due for a procedure to be carried out. If the West Sussex experience is typical of the country as a whole, only one doctor in every 223 will prefer to operate his vaccination and immunization arrangements on an eyeball-cerebral-manual basis.

SUMMARY

The use of a computer during the last seven years in the management of the West Sussex immunization scheme has produced a unit cost which is cheaper than the average for England and Wales. The financial benefits are shared by the local health authority, the executive council and the general practitioners. It is suggested that similar economies could be reproduced nationally. Reference is made to other benefits of the West Sussex arrangements, including the immunity levels attained, which are now the best in the country (Godber, 1969).

For his encouragement and for helpful suggestions I am grateful to Dr. T. McL. Galloway, County Medical Officer of Health of West Sussex. I am indebted to my former colleague in West Sussex, Dr. A. H. Snaith, and to Dr. Michael D. Warren of the London School of Hygiene and Tropical Medicine for constructive comment and advice, and I thank Mr. C. Ferns, Group Accountant in the West Sussex County Treasurer's Department, for checking my calculations. For some of my source material I have relied on the Digest of Health Statistics published by the Department of Health and Social Security (1969) and I gratefully acknowledge the assistance I have had from several officers of that Department.

REFERENCES

Department of Health and Social Security (1969). Digest of Health Statistics for England and Wales, 1969. H.M.S.O., London.

Galloway, T.McL. (1963). Management of vaccination and immunization procedures by electronic computer. *Med. Offr.* **109,** 232.

Godber, G. E. (1969). On the State of the Public Health. The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year 1968. H.M.S.O., London.

IBM United Kingdom Limited (1966). The prevention of disease. A 15-minute 16-mm sound film made in association with West Sussex County Health Department.

Knighton, J. R. (1970). Personal communication.

Newmark, R. W. (1970). Personal communication.

Appendix D

THE FRAIL, SICK AND DEMENTED ELDERLY IN WEST SUSSEX*

INTRODUCTION

This paper reflects the mounting concern of all the medical care and welfare authorities over the serious and continuing under-provision of services for the chronic sick, the vast majority of whom are elderly.

No one authority is responsible for providing places for the elderly who, through mental or physical frailty, can no longer be supported in the community. At present the Regional Hospital Board provides beds in psychiatric and geriatric departments while the welfare department of West Sussex County Council provides places in welfare homes.

These agencies are currently planning future provision in their own fields but co-ordination between them is limited. Similarly, the use by departments of existing facilities is not closely co-ordinated either. Assessment of patients for admission is largely a domestic matter for the department concerned, and bed shortage tends to lead to evaluation of a patient's suitability on somewhat restrictive criteria – occasionally disputed between departments. Thus, the geriatric and welfare departments have their own criteria and machinery for assessment and in 1969 Graylingwell Hospital established their own geriatric assessment unit to filter admissions.

These methods stem not only from the administrative divisions of the National Health Service but also from the shortage of accommodation and the need to prevent overloading of staff and reduction of standards. The situation is exacerbated by the widening gap between the needs of and provision for an increasing elderly population. The size of the gap and the consequent pressures on the departments concerned may be judged from the following indices.

At the 1961 Census the population of the Administrative County was 411,600; 18·8 per cent (77,380) were aged over 65. At the 1966 Sample Census the population had risen to 449,570; 19·5 per cent (88,870) were over 65. In that five-year period the over-65 population rose by 15 per cent and this trend continues. Over the same period the waiting list for geriatric beds in Worthing rose by 20 per cent from 137 in 1961 to 165 in 1966; by 1969 the list had risen to 198 (40 per cent over 1961). Similar pressures are evident in Chichester. In the welfare field, the 1961 waiting list for welfare homes stood at 178; despite a major building programme, the 1969 waiting list is 532. Clearly, provision is falling further and further behind need.

A further complication is in prospect over the care of the senile dement. In planning for psychiatric hospitals the emphasis is now upon active therapy rather than prolonged hospital care, and it is generally agreed that this type of case should not be a psychiatric hospital responsibility in future. The particular problem of dementia is examined in Appendix I but its relevance to the main theme of this paper lies in the implied transfer of responsibility to already overloaded geriatric and welfare departments. Such a transfer must be accompanied by commensurate provision of staffed beds. If it is not, the advantage from plans to increase the number of geriatric beds will largely be lost.

---

* The Council received this report at a meeting held on 27th February, 1970 when it was *RESOLVED:* That this Council takes note of the deplorable situation described in the appended report entitled *The Frail, Sick and Demented Elderly in West Sussex* prepared by the County Medical Officer of Health and as requested by the West Sussex Joint Liaison Committee (which represents the South West Metropolitan Regional Hospital Board, the County Council, the Executive Council and the Local Medical Committee) urges the Secretary of State for Social Services to take immediate action on the lines recommended in the paper.

The present paper is an attempt to establish the available facts and to collate them. It is intended as a planning contribution, to examine the present position, future needs, the timing of proposed changes and their effects on the overall situation. For the purposes of this paper, the elderly are defined as over 65 years of age and the statistics are arranged in two parts. Populations (present and future) are defined first, and present and planned provision of beds and places for all types of case are then reviewed.

1. *Population*

At the 1966 Census the population distribution in West Sussex was as follows:—

TABLE I

Area	*Total population*	1966 *population over 65*	*% over 65*
(*a*) Administrative County . . .	449,570	88,870	19·5
(*b*) Crawley U.D., Horsham U.D. and R.D. (part of Redhill Group) . . .	112,100	10,060	9·0
(*c*) Chichester and Graylingwell Group Hospitals catchment	134,490	26,030	19·3
(*d*) Worthing, Southlands and District Group Hospitals catchment . . .	202,980	52,780	26·0
(*e*) Graylingwell Hospital catchment (*c*+*d*) .	337,470	78,810	23·3

By comparison, in England and Wales as a whole the percentage over 65 was 12·4 at the same Census.

It will be seen that the removal of Horsham and Crawley from the County area affects only a small reduction in the over 65 age group and that almost one in four of the population in the Graylingwell Hospital catchment area is elderly. In the Chichester Group the ratio is almost one in five and in the Worthing Group over one in four. This geriatric imbalance is further emphasised by comparison with the neighbouring county of Surrey (also within South West Metropolitan Regional Hospital Board). The Health and Welfare Department of Surrey County Council estimated their percentage population over 65 at 12·9 in 1967.

Applying the percentage distribution of the over 65 age group from Table I to population projections for the relevant hospital catchment areas will give the following estimates of population:—

TABLE II

	Chichester and Graylingwell Group		*Worthing, Southlands and District Group*		*Graylingwell Hospital*	
Year	*Total population*	*Population over 65*	*Total population*	*Population over 65*	*Total population*	*Population over 65*
1968	141,750	27,357	206,360	53,653	348,653	81,010
1981	181,100	34,952	253,700	65,962	434,800	100,914

These are conservative estimates in that they are based on the assumption that the percentage distribution of the over 65 age group will not deviate from that demonstrated

by the 1966 Sample Census. In fact, that Census showed an increase of 24·3 per cent in the 60 to 64 age group and 14·8 per cent in the over 65 age group when compared with the *expected* population (based upon natural change alone since the 1961 Census) for 1966. This is a measure of the continually rising pressure of immigration to the County on retirement, which will undoubtedly continue. Furthermore, the 1966 Census shows that these increases were concentrated almost exclusively in Bognor Regis U.D., Littlehampton U.D., Worthing M.B., and Chichester, Worthing and Chanctonbury R.D. – all within the catchment area of the hospital groups discussed here.

Thus an increase of at least 20,000 elderly people may be expected in the catchment areas concerned by 1981, and the increase will probably be considerably more.

2. *Present and future provision for the elderly*

This may conveniently be listed under the headings of (i) psychiatric, (ii) geriatric, (iii) welfare and (iv) nursing home accommodation.

(i) *Psychiatric*

Present

1968 Recognised beds

Graylingwell total 946

(including 302 reserved for 'senile' patients)

Future

	Beds
Phase II Worthing . . .	120 + Day hospital (160 places)
Phase IV Chichester . . .	90 + Day hospital (120 places)
Regional Hospital Board estimate of bed needs at Graylingwell 1981 at 1·3 per 1,000 population	566
1981 TOTAL . . .	776

The Worthing and Chichester developments are early treatment units (i.e. acute beds). The 1981 total of 566 beds in Graylingwell Hospital is an estimate of need and not a firm target. Nevertheless, it implies a reduction of 380 beds in that hospital on 1968 totals. However, the Regional Hospital Board have stated that 'it will be for consideration in the light of prevailing circumstances what proportion of the beds at Graylingwell that are no longer required for mental illness will be taken into use on a temporary basis for geriatric patients, until the 350 new beds are taken into use on the St. Richard's site.' The 302 beds for senile dements would presumably come into this category.

(ii) *Geriatric*

The Hospital Plan (1962 and 1966) recommends provision of geriatric beds at the rate of 10 per 1,000 population over 65.

Present

	Beds	*Waiting list*	*Beds per 1,000 population over 65*
1969 Chichester . . .	154	50	5·7
1969 Worthing (including 20 contractual nursing home beds) . .	285	198	5·3
	439	248	

Future

Chichester Group

	Estimated timing	*Total Geriatric beds*	*Beds per 1,000 population over 65*
	1969	154	5·7
Phase I, Phase II } Complete	1970	188	
Phase III . .	1971	188	6·7
Phase IV Earliest .	1973/4	280	9·0
Latest .	1978/9	(+60 place day hospital)	8·0
Phase V After . .	1979	410 (+60 place day hospital)	11·7
Planned Target .	1981	410	
Regional Hospital Board estimated requirement	1981	410	

The Regional Hospital Board have stated 'If the upper limit of capital availability is attained, building of Phase IV Chichester would start in 1973/4, otherwise a start could not be made before 1978/9.'

On completion of Phase IV there will be an option to close or retain for geriatric purposes 135 beds at the Royal West Sussex Hospital. If these beds are retained the total will rise from the 280 shown to 415 (11·7 beds per 1,000 population over 65 in 1979).

Completion of Phase V (new geriatric beds) would presumably be accompanied by closure of some retained and converted beds to preserve the planned total of 410 beds.

Worthing Group

	Estimated timing	*Total Geriatric beds*	*Beds per 1,000 population over 65*
	1969	285	5·3
Phase I Start .	1970		
Finish . .	1973	377 (+60 place day hospital)	6·3
Phase II After . .	1979	377 (+60 place day hospital)	
Phase III After .	1979	511 (+60 place day hospital)	7·7
Planned Target . .	1981	511	
Regional Hospital Board estimated requirement	1981	770	

The Worthing totals include 20 contractual nursing home beds throughout. A mainly geriatric Rehabilitation Day Hospital is to be provided in Phase I Worthing as shown above.

It should be noted that the planned target for Worthing by 1981 falls short of the Board's estimated requirement by 259 beds.

The critical factor is timing. At Chichester a start of Phase IV in 1973/74 would mean an increase from 6·7 to 9·0 beds per 1,000 population over 65 within 5 years. A decision to convert the 135 beds released by Phase IV would improve the situation further. Conversely, if Phase IV does not start until 1978/79, Chichester faces the prospect of almost 10 years with geriatric provision a little over two-thirds that recommended.

At Worthing, it must be recognised that a planned shortage of geriatric beds will exist until 1981. Present provision is half and will not exceed three-quarters of that recommended. The only prospect here would seem to be extension of contractual arrangements with nursing homes or transfer of patients to Chichester when beds are available.

(iii) *Welfare*

Present

1969 Places provided by County Council in Welfare and Voluntary Homes 1,211

1969 Waiting List

Male		*Female*		
Home	*Hospital*	*Home*	*Hospital*	*Total*
57	11	296	38	402
+ referred by Graylingwell Hospital but not yet assessed				130
				532

Future

(including use of beds in voluntary homes which at present the Welfare Department are utilizing to the full).

			Annual Increases
1970	Places	1,323	112
1971	Places	1,403	80
1972	Places	1,418	15
1973	Places	1,448	30

(The two homes due for completion, one in 1971 and the other in 1973 will replace old ex-P.A.I. accommodation at Midhurst).

The Welfare Department building programme has been cut by the Department of Health and Social Security although following recent representations loan sanction has been granted for a third welfare home in 1969/70. The figures above from 1972 onwards reflect a building rate of two new homes a year but it is hoped that permission will be given by the Department of Health and Social Security to return to the County Council's declared building policy of three homes a year.

(iv) *Nursing Homes*

In 1969 there were 62 nursing homes in the County, of which six were also registered under the Mental Health Act, 1959.

General (including surgery)	*Psychiatric*	*Total*
No. of beds 1,012	195	1,207

Future

It is not possible to predict future development, but a diminishing minority will be able to afford nursing home care.

Discussion

Certain facts emerge from this statistical morass; those on population and those on provision.

Considering population first, the 1966 Sample Census figures demonstrate that, compared with England and Wales, West Sussex is an area with a disproportionate geriatric population. In addition, within the South West Metropolitan Regional Hospital Board the catchment areas of the Chichester and Worthing groups are unique in terms of geriatric population imbalance. Surrey is only marginally above the national average, and the south-west segment of the G.L.C. area together with the fragment of Hampshire which make up the rest of the Regional Hospital Board area are not noted for a high proportion of old people. Finally, population projections show, on a conservative estimate, an influx of another 20,000 elderly people to the Worthing and Chichester catchment areas by 1981.

Turning to provision, certain yardsticks are available and comparisons can be made. The present recommended norm for geriatric bed provision is 10 per 1,000 population over 65. On this basis Chichester requires 290 geriatric beds now against 154 presently available, and Worthing requires 560 beds against 285 available. In addition, a further 200 beds will be required by 1981 to keep pace with the population increase. In the welfare field, the then Ministry of Health expressed the view in 1963 that in areas where the domiciliary services are well developed and the hospital services adequate, 18–22 places per thousand population over 65 appeared to be appropriate. On this basis West Sussex requires approximately 1,800 places now against 1,323 presently available, and will require approximately 2,200 places by 1981.

Over and above these requirements some of the 300 senile dements at present in Graylingwell Hospital (i.e. those who do not die in the next ten years) will need to be absorbed into other hospital and welfare accommodation. So will all future cases if psychiatric skills and staff are to be concentrated on treatable mental illness.

The facts outlined above are stark enough to merit special consideration by the responsible authorities (and the Department of Health and Social Security) in terms of capital allocation and future planning. Providing this is assured, attention can be given to short-term measures, long-term planning and further evaluation of need.

In the short-term, suggested measures are:

At Chichester,

(i) Priority to be given to a start on Phase IV Chichester in 1973/74.

(ii) Retention for geriatric purposes of the 135 beds released by Phase IV at the Royal West Sussex Hospital until adequate alternative provision is available.

(iii) An undertaking to retain some 'senile' beds at Graylingwell (possibly under geriatric control) until adequate alternative provision is available.

At Worthing,

(i) Extension of contractual arrangements with nursing homes

(ii) Urgent examination of other measures to increase the number of geriatric beds.

In the welfare field, a return to the building programme of at least three homes annually from 1970. Given agreement on the short-term measures, long-term planning at Chichester (Phase V) is adequate. At Worthing, the situation requires a re-examination of the Regional Hospital Board planned target for 1981. Long-term planning for welfare accommodation will need to provide 90 additional places annually on present criteria.

Further evaluation of need is essential. It may be that present national yardsticks are over or under-estimates. Need must be identified accurately in the individual case, (for domiciliary care or placement in the appropriate bed) and information from all cases collated. The projections in this paper could then be modified and kept up-to-date.

To achieve these aims a combined assessment unit (or units) should be established on the

lines indicated in Appendix II. All agencies (welfare officers, mental welfare officers, general practitioners, psychiatric and geriatric consultants, etc.) would have access to it and new cases requiring it would be admitted for assessment. Discharge from the unit would be mandatory once assessment was complete. The present arrangements for domiciliary assessment must, of course, continue. They would, however, become an integral part of the unit's function, i.e. screening applications, selecting those who require in-patient assessment, and evaluating others at home. The aim should be to recognise and remedy potential problems early, thereby delaying or obviating the need for long-stay admission. Home support services are already well developed (e.g. home help, meals-on-wheels, nurse and health visitor practice attachments, home nursing equipment, etc.). The improvement in communication and co-ordination flowing from a central assessment unit would increase their effectiveness. Any useful assessment of the patient's total problem dictates that the unit should be a combined one. Purely geriatric or psychiatric units will fragment scarce resources and inevitably lead to wasteful duplication.

SUMMARY OF POINTS FOR CONSIDERATION

That the Regional Hospital Board and Department of Health and Social Security should give special consideration to the geriatric problem in West Sussex, and in particular to the following recommendations:

(i) to increase capital funds to enable a start of Phase IV Chichester by 1973/74.

(ii) to retain for geriatric purposes 135 beds released at the Royal West Sussex Hospital by the completion of Phase IV until suitable alternative accommodation is available.

(iii) to retain sufficient 'senile' beds at Graylingwell Hospital to accommodate senile dements until suitable alternative accommodation is available.

(iv) to increase contractual arrangements with nursing homes (especially in the Worthing Group) until sufficient geriatric accommodation is available in hospital.

(v) to establish a combined assessment unit (or units) to co-ordinate assessment and placement of cases and to collect information.

(vi) to provide loan sanction for three 35–40 bedded Welfare homes for the elderly annually in West Sussex.

(vii) to consider defining an additional norm for welfare accommodation for those elderly demented persons who do not require hospital care.

Sources

1961 and 1966 Census

British Journal of Psychiatry (1964)

The Hospital Plan 1962 and 1966

South West Metropolitan Regional Hospital Board

Regional Psychiatric Plan

Regional Development Plan for General Hospital Services

Worthing Group Hospital Management Committee

Chichester and Graylingwell Group Hospital Management Committee

Surrey County Council, Health and Welfare Services, Annual Report, 1968.

West Sussex County Council Welfare Department

West Sussex County Council Health Department

The ready assistance of officers of the South West Metropolitan Regional Hospital Board in the development of this paper is gratefully acknowledged.

County Health Department
West Sussex

February, 1970

Appendix I

SENILE DEMENTIA

Prevalence

A number of studies have been undertaken in communities throughout the world since 1948. To make valid comparison, however, it is necessary to consider only those concerned exclusively with the over–65 age group and which use comparable criteria for diagnosis. These criteria are summarised by Kay, Beamish and Roth (British Journal of Psychiatry, 1964) as follows:

> *Severely demented* – Disorganised personality and failure in the common activities of everyday life (equivalent to the clinical picture of dementia seen in hospital).
>
> *Mildly demented* – Absence of the stigmata of severe dementia but exhibiting poor performance in memory and information tests (equivalent to those patients who can be contained with support in the community or in a welfare home).

	Per cent of population aged 65 and over		
	Sheldon (1948)	Neilson (1963)	Kay, Beamish and Roth (1964)
Severe dementia	3·9	3·1	4·9
Mild dementia	11·7	15·4	5·2
All dements	15·6	18·5	10·1

For the purposes of this paper the study of Kay, Beamish and Roth has been used not only because it is the latest available and was carried out in England, but also because it is the most conservative of the three in its estimate of total prevalence.

Application of prevalence figures to Graylingwell catchment area

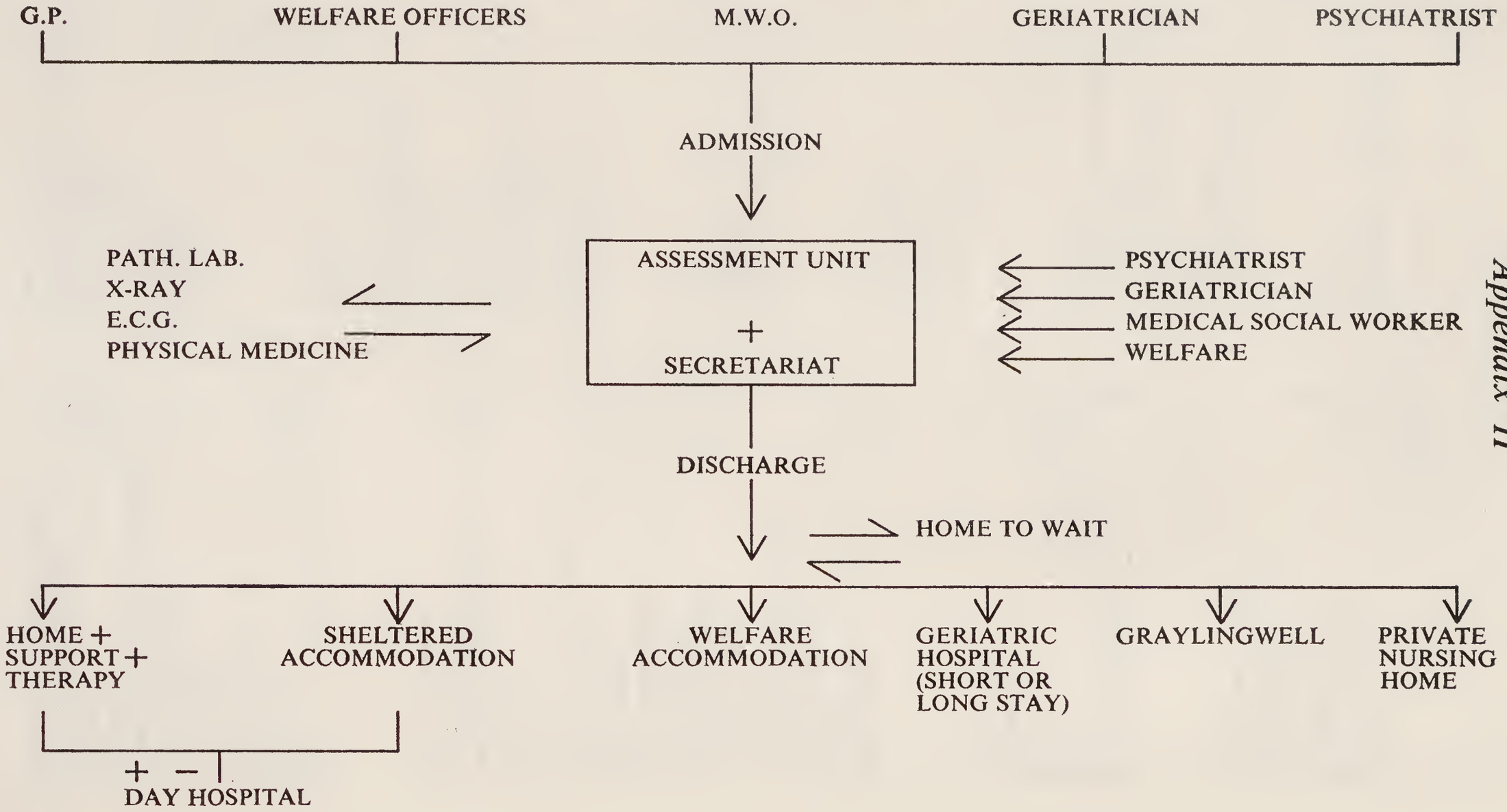
Year	*Estimated population over 65 in Graylingwell catchment area*	*Severely demented* (4·9 *per cent*)	*Mildly demented* (5·2 *per cent*)	*Total demented*
1968	81,010	3,969	4,212	8,181
1981	100,914	4,944	5,247	10,191

Reduced to practical terms, these prevalence figures imply that every general practitioner within the Graylingwell catchment area now has 23 severely demented patients and 24 mildly demented patients in his practice. Not all of these will be at large in the community because a proportion will be in psychiatric, geriatric, welfare or nursing home accommodation already.

Furthermore, in the context of Graylingwell and the planned reduction of long-stay beds, including those for the elderly demented, the estimate of 8,220 such cases in 1968, rising to over 10,000 by 1981 is alarming. About half these cases would be severely demented and would require hospital beds. However, although there is pressure on beds for this type of case, it is difficult to find local evidence of prevalence of this magnitude. This may be because the quoted survey actively sought out dementia, whereas the normal role of general practitioners and psychiatric hospitals is a passive one in which dementia is formally recognised only when it presents as a problem. Prevalence figures of this latter category would be invaluable for planning purposes, but any local survey would take time to show results. An assessment unit would quite quickly provide some guidance.

In any event, with an elderly population of over 100,000 by 1981, an incidence of severe dementia as low as 1 per cent will produce a requirement for over 1,000 beds.

COMBINED ASSESSMENT UNIT



INDEX